WSHA COVID-19 Member Call with State Leaders

June 1, 2020

Agenda

- **Dr. Kathy Lofy, WA State Department of Health:**
  - Trends and cases around the state
  - State's reopening plan
  - Remdesivir

- **Dr. Emily Transue, WA State Health Care Authority:** Testing plan

- **Special Legislative Session?**

If you have questions, raise your hand!

Dr. Kathy Lofy

Dr. Emily Transue

Washington State Health Care Authority

COVID-19 Testing Coverage Strategies DRAFT DISCUSSION 6/1/2020

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Background

- At the direction of the Governor's Joint Information Center, HCA is working with partners and stakeholders to:
  - Develop a uniform, multi-payer COVID-19 testing and payment approach in Washington
  - Ensure equitable access to testing statewide

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Guideline Summary: DOH

Washington State Testing Strategy for COVID-19

1. Persons with COVID-19-like symptoms.
2. Close contacts of persons with COVID-19-like symptoms (symptomatic; if supplies allow, asymptomatic)
3. Those in congregate settings w 1+ active cases (SNF, assisted living, adult family homes, low-income housing/high risk housing, correctional settings, homeless shelters, farm worker housing, and worksites like meat-packing plants.
    a) All residents and staff in skilled nursing facilities in the next 2 weeks, then every 2 weeks
    b) Next, prioritize testing in memory care units
    c) By the end of July, residents and staff of all Washington State Department of Social and Health Services owned, operated or contracted facilities will be tested.
    d) Repeat testing based on outbreak epidemiology, and determined by local health officials.
4. When sustained, adequate supply of specimen collection tests available, consider routinely scheduled testing of asymptomatic persons at high-risk due to employment or living conditions (i.e. health care workers/first responders; residents and staff in nursing homes, assisted living, adult family homes, correctional settings, farm worker housing, worksites where physical distancing/environmental controls are not feasible.)
5. Routine screening of other populations is not recommended at this time.
6. As testing supplies and capacity allow, stand up a serial, population-based surveillance system to elucidate disease prevalence and activity in historically marginalized communities

Washington State Testing Strategy for COVID-19

- Rapidly scale laboratory testing capacity.
- Maximize the use of current health system resources to increase access to testing.
  - Redirect the bulk of testing from hospital to outpatient settings
  - Hospitals and ambulatory surgery centers should move from blanket testing of all patients to prioritize testing for persons suspected of having COVID-19, and, for hospitals, to determine placement within the facility
  - Routine, blanket testing of all patients receiving care at hospitals or ASCs should halt until an adequate, sustained supply of specimen collection kits available across the state
  - Outpatient community settings should create same day, low-barrier access to testing for symptomatic patients and those contacts directed to testing according to the criteria above
  - Outpatient settings should coordinate with local area hospitals and/or urgent care clinics to assure regional access to 24-hour specimen collection and analysis.
- For those who can't or don't seek regular health care, home, mobile, walk-up and drive-through specimen collection sites will be identified/developed in areas with higher prevalence of limited English-proficient populations, communities of color, immigrant and refugee communities, low income populations, etc.
- Facilitate testing in congregate settings via standing orders, etc.
- Coordinate and improve information flow: includes standardized reporting of demographics and health info on all patients to public health, result reporting to PCPs, info to patients on quarantine and test use
- All sites performing point-of-care tests should submit results to public health
- Tracking of testing and reporting via statewide dashboards

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Clinical Principles (DRAFT)

- Tests should only be performed when results will have a meaningful impact
- PCR and antigen (when available) tests must have adequate performance to meaningfully impact care
  - CLIA certified labs or FDA Emergent Use Authorization AND
  - Specified sensitivity, specificity thresholds
- PCR/antigen tests on asymptomatic patients should be done in concordance with local, state, or society guidelines
- Antibody tests do not indicate immunity, and should only be used when clinically necessary, i.e. for management of unconfirmed post-COVID syndrome
  - Use of antibody tests for population exposure monitoring currently should only be done in a research or public health setting

Clinical Principles DRAFT (con't)

- All tests should be ordered by a licensed provider (this can include pharmacists), who will, either personally or through a delegate:
  - Select patients for testing and test to be ordered according to the above principles
  - Provide counseling to the patient, including:
    - Information about symptoms of COVID and when to seek care
    - Reason for testing and understanding of what positive or negative result means
    - Limitations of testing
    - Appropriate isolation and quarantine procedures until results available
  - Collect information needed by public health for surveillance and contact tracing, and ensure this info along with test results are sent to public health
  - Contact the patient with test results
  - Care for the patient OR be able to provide a referral for care if needed

Clinical Principles DRAFT (con't)

- Test ordering should take into account availability and access; i.e., while availability is limited, testing for lower priority patients should only occur if it will not prevent access of higher-priority patients across the state

Usual coverage approach (non-COVID)

- **Health insurance:** Testing done for the care of the individual (symptomatic testing, screening where results will have a direct impact on care; unless other coverage more appropriate (LNI if work-related))
- **Employer via employee health program**: Testing done as a requirement for work, not related to direct care of the individual
  - Screening as a condition of employment
  - Monitoring of employees to protect clients (health care workers tested to avoid exposing patients, etc)

Usual coverage approach (non-COVID)

- **Worker's Compensation/LNI**: Evaluation of probable work-related conditions and exposures (primary coverage if criteria met; supersedes health insurance)
- **Public Health**: Population level surveillance not done for individual care, but to understand population status (prevalence of disease) and protect the health of the public; in some cases, care for uninsured individuals
- **Individual client responsibility**: Testing without medical indication (curiosity/reassurance, etc)

COVID-specific considerations

- Distinction between population level surveillance and individual care is less clear than in many situations
- Legal mandates around test coverage

Current draft approach (w legal constraints)

- **Health insurance**: Broadly, diagnostic tests (including antibodies) should be covered based on our current legal interpretation of the CARES Act and federal guidance
  - Medical appropriateness is required, determined by the attending provider based on accepted standards of practice
  - Pre-authorization is not allowed
  - Possible options for limitations based on test characteristics (CLIA lab certification, sensitivity/specificity, etc.), but legal guidance unclear

Current draft approach (w legal constraints)

- **Public health:**
  - Some coverage for uninsured
  - Certain government-mandated testing **only if specified** as covered in the government directive (i.e., current round of SNF employee testing for employees not covered by Medicare/Medicaid)
- **L&I:**
  - Covers testing for work-related exposures
  - Evaluation of illness if likely acquired at work
- **Employee health:**
  - Should cover routine, periodic testing if required for asymptomatic individuals as a condition of employment (includes general population and health care workers)

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DRAFT Possible changes for consideration (for feedback to federal agencies)

- Policies should be allowed to limit antibody tests based on clinical utility
- Only tests meeting high standards for accuracy and consistency should be used and covered
  - Set thresholds for sensitivity/specificity
- Routine tests required for employment should be covered by employer/employee health rather than health insurance
- Reporting of results and demographic/clinical information to public health should be mandated
- Medically non-indicated tests desired by patients may be appropriate for patient responsibility w appropriate consent

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Pricing issues

- Initially, concerns about variable pricing to different entities including local health jurisdictions
- Pricing is evolving rapidly with changing costs of reagents, supplies, etc.
- Prices should be adequate to cover testing costs, and also avoid putting undue burden on total costs of patient care
- HCA monitoring closely

Questions

- Responses/reactions to the above
- Billing issues: Are you encountering difficulties in tests being paid (particularly PCR or point of care)? If no, need details (insurer, etc).
- Other?

Special Session?

Legislative Oversight Beginning

Ways & Means - 6/9/2020 9:00 AM

Full Committee View Docs

Location

Virtual Work Session
Olympia, WA

Work Session

1. Office of Financial Management presentation on federal financial stimulus funds.

Possible other business. Meeting is scheduled to end at 11:00 a.m. This meeting is being conducted virtually and can be viewed on TVW: https://www.tvw.org/watch/?clientID=9375922947&eventID=2020061000 Committee meeting documents can be accessed through the committee's website: http://www.leg.wa.gov/Senate/Committees/WM/Pages/default.aspx

WSHA Special Session Agenda

WSHA Policy Priorities	WSHA Budget Priorities (In Order of Priority)
State waivers for COVID-19: • Quickly trigger waivers of key state laws equivalent to waived federal laws • Waive select state laws that inhibit emergency response	• **Maintain patient access to health care and safety net services in Washington:** Oppose cuts to health care or safety net programs or Medicaid rates.
• **Liability protections for frontline workers**	• **Ensure adequate Medicaid payment rates for testing and care for COVID-19 patients**
	• **Emergency fund for rural hospitals:** $25 million

Washington State Hospital Association

Thank you for your leadership!
Questions? Discussion?