Maintaining Optimal Care During the COVID-19 Crisis

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Our Speakers

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President, Global Allergy & Airways Patient Platform
Outline

- Current State of COVID-19
- Overview of Digital Tools
- The New York Experience – “From the Front Lines”
- Telehealth & Safe Access to Treatments
  - Immunotherapy
  - Biologics
  - Medications
- Addressing the Albuterol Shortage

Current State of COVID-19

Tonya Winders
US Data Report

- CDC updated daily at 4:00 PM
- Johns Hopkins data for the US:

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Total Confirmed Cases</td>
<td>226,374</td>
</tr>
<tr>
<td>Total Deaths</td>
<td>5316</td>
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<tr>
<td>Total Recovered</td>
<td>8826</td>
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Data as of 4/2 at 12:27 PM
COVID-19 2020 State & Local Government Status

Since the global outbreak of coronavirus:

- Over 85 bills introduced in 25 states, Puerto Rico, and the District of Columbia on paid sick leave and worker protections as well as appropriations requests
- Over 360 executive actions have been issued in 50 states, Puerto Rico, the District of Columbia, Guam, and the Virgin Islands. These executive actions include declarations of states of emergency, school closures, prohibition of mass gatherings, retail and business closures, and stay at home orders
- 20 task forces have been established by 13 governors
- 25 states and the District of Columbia have issued emergency regulations on a number of issues including but not limited to insurance carriers, labor and wage, and medical licensure
- 56 legislative chambers have either temporarily adjourned, moved to virtual meetings, or announced an early recess. Additionally, this report includes actions coming from the administrations of the 100 most-populated cities and counties.
This Week’s News

• America must brace for 100,000 or more people to die in the coming months in the coronavirus pandemic
• The models still are subject to change based on the ongoing response.
• May ground more or all flights.
• Dr. Adams: “This week, it’s going to get bad.”
• Dr. Fauci’s ‘Best Advice’: “Hang in there and pull together – there will be an end to this.”

Overview of Telehealth & Digital Tools

Tonya Winders
Types of Telemedicine

- Telephone/Video Encounters
  - Patient is logged on in “waiting room”
  - Doctor logs in, clicks to enter “room”
  - Provider can see patient on one monitor, EMR on another (can use iPad)
  - Nurse can stay on for teaching as the doctor moves on

Recent Changes

- As of March 6, 2020, Medicare will pay to treat COVID-a9 using telemedicine services
- HIPAA regulations are being relaxed to permit providers to use their personal devices to see patients
- USDA is waiving the normal regulation to get tests to the public more quickly
- Telemedicine access has been expanded
  - Providers can use everyday technology
  - More services will be covered for more patients
Medicare

- New waiver – Pays for office, hospital and other visits furnished by telehealth
  - Includes places of residence
- Providers include doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, occupational therapists, physical therapists, speech pathologists
- Can be with established patient or for physician consultation
  - Evolving technologies: Secure messaging, telephone, videoconferencing, “non face to face” communication

The Landscape Has Changed
Declaration of Emergencies – National & State

- Requirements waived
  - 20 state have waived state licensure
  - Health Savings accounts
  - Telebehavioral Health
  - Long term implications
- CMS to expand telehealth services
  - Permits out-of-state providers to care for those impacted by COVID-19
  - Waived patient-physician relationship requirement
  - Waived co-pays, prior authorization requirements
  - Waived limitations on audio-visual

Digital Tools for Remote Patient Monitoring

- Digital inhalers
  - For albuterol and inhaled corticosteroids
  - Albuterol monitoring can be used as a diagnostic test – monitors control
  - ICS monitoring can be used to monitor adherence treatment
  - Could be used to learn what works to control asthma in the real world
- Smart thermometers
  - Internet connected
  - Early warning sign for illness
- Smart spirometers
  - Internet connected
  - Lung function monitoring
Digital Tools

- Asthma Storylines Application—free download
  - Monitor Daily Symptoms
  - Monitor Daily Moods
  - Get educational tips from AAN
- Understanding Guides—free downloads
- COVID-19 Resources—free downloads
- Pathways to Patient Learning Modules—free

The New York Experience – “From the Front Lines”

Dr. Purvi Parikh
New York City Social Distancing

• As of 8:00 PM on Sunday, March 22\textsuperscript{nd}, every New Yorker must stay at home from work, unless they are an essential worker.
  • Exemptions: shipping, media, warehousing, grocery and food production, pharmacies, healthcare providers, utilities, banks and related financial institutions.
• All non-essential businesses that are normally open to the public must remain closed. Bars and restaurants may provide takeout.
• All non-essential gatherings of any size for any reason are banned.

Case Progression

COVID-19 Cases in New York City

<table>
<thead>
<tr>
<th></th>
<th>March 19</th>
<th>March 22</th>
<th>March 30</th>
<th>April 1</th>
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<tr>
<td>Cases</td>
<td>3,615</td>
<td>9,654</td>
<td>38,087</td>
<td>45,707</td>
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COVID-19 Cases in New York City (March 19 - April 1)
Daily Data Summary – April 1, 2020

<table>
<thead>
<tr>
<th>NYC COVID – 19 Cases</th>
<th>45,707</th>
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<tr>
<td>NYC COVID-19 Deaths</td>
<td>1,374</td>
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<tr>
<td>NYC Hospitalizations</td>
<td>9,775</td>
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Testing Sites

- Testing is reserved for patients that need hospitalizations or as clinically appropriate
- No longer doing testing by appointment
- Using testing centers to divert patients from ED
- Drive up testing in tents
Why is the NYC Experience Relevant to the Whole Country?

Professional
- Epicenter of disease
- Beginning to ration health care
  - NYC and Tristate area
- May likely come to other cities & communities
- Lessons learned

Personal
- As a doctor working in NYC, proud of colleagues
- Never give up, put patients first, sacrifice

Telehealth & Safe Access to Treatments

Dr. Jackie Eghrari
What is the Goal?

- **The goal** is not to have an asthma attack, not to trigger asthma from allergy, not to have an episode of sinus infection. WHY?
  - Access to ER and urgent care is significantly decreased.
  - You don’t want to go where COVID patients are congregating.
  - Worsening asthma, triggering allergy, sinus infections, starting prednisone makes an even more diminished state if you contract COVID-19.

The Perfect Storm for Asthma/Allergy Patients

- It’s SPRING - most of the country has beautiful tree budding weather.
- A mild winter leads to the PERFECT POLLEN DELUGE.
- This is a particular problem for “our” patients.

60% of asthmatics have allergies
Asthma is the most common chronic disease in kids
85% of kids with asthma have allergies
Based upon available information to date, those at high-risk for severe illness from COVID-19 include:

- People with chronic lung disease or moderate to severe asthma
- People who are immunocompromised including those on oral corticosteroids
- People of any age with certain underlying medical conditions, particularly if not well controlled

Your Best Defense: Keep your Asthma in Control

Maintaining Asthma Control is Crucial - Telemedicine Can Help

- Allergy/asthma patients may have put off follow up visits until Spring — and now non urgent visits are curtailed due to COVID-19.
- Patients should check in with their Doctor:
  - What happened since you were last seen?
    - Asthma attacks over the winter? Bursts of oral steroids? Bronchitis/sinusitis - given antibiotics? Used your albuterol more than twice a week?
    - Stopped meds over the winter? Ran out of Rx? On medication for other medical problem?
  - Remember the goal is NOT to have an asthma episode – NOT NOW
What to do about Immunotherapy?

• Asthma patients are on SCIT (allergy shots) to manage symptoms with allergy. What if you can’t get to office for shots?
• It’s imperative to continue to control symptoms. Telemedicine visit to discuss avoidance measures, restarting nasal sprays, OTC meds.
• An option is to consider SLIT (allergy tablets) which are taken at home
• If not on immunotherapy, this is the time to consider starting. Need to address allergic triggers that lead to uncontrolled asthma, and increased attacks – which is NOT the goal!

What if Your Asthma is Worse?

• Worsening asthma, with more frequent attacks a year, being hospitalized, going to ER, using even short courses of oral steroids ..... this would be the time to consider starting a biologic.
• A biologic targets specific molecules in your immune system to disrupt the pathways that lead to inflammation that cause cause symptoms.
• Given as an injection, on a 2-8 week schedule, some approved for as young as age 6.
• Some can be given at home — which may fit well with patients who are now not able to travel to their Drs. office.
Final Words

**Medications**
- Check in that you are on the right dose
- Using the right technique of inhaled medications
- Know when to call if you are having trouble breathing
- Review the importance of taking maintenance medications to control your asthma

**Food Allergy**
- The goal has always been to stay out of ER and urgent care and not have an accidental ingestion. Now so even more than ever.
- READ labels, be careful of carry out orders, cross contamination when cooking, and know where your epinephrine autoinjector is at all times.
- Food allergy is a health problem that can be well managed with telemedicine.

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Addressing the Albuterol Shortage

Tonya Winders
Albuterol Shortage

• Certain areas of the US
• Certain inhalers involved
  • Not all of them!
• Supply chain issues—mail order/PBM’s
• Increased use in hospitals

• USDA: Manufacturers recognize the problem, expediting delivery

What to do if you can’t get your albuterol inhaler?

• Contact your allergist or primary care doctor—other inhaler options are available
• Visit GoodRx.com to search for other pharmacies in your area that may be able to fill your prescription at reduced cost
• Check your inhaler to see if it still contains medicine in it. If necessary, you can likely use your expired albuterol inhaler as it probably is still at least partially effective, according to ACAAI
• Follow your Asthma Action Plan and avoid your asthma triggers to prevent flare-ups
• Remember to not overuse your albuterol inhaler. One canister should last for months. If you’re using your albuterol inhaler more than twice a week to relieve symptoms, that’s a sign your asthma may not be well controlled and you should see your provider.
What is Allergy & Asthma Network doing?

- Calling on pharmacy benefit managers and payers to expand formularies to ensure all branded and generic albuterol inhalers are accessible for patients
- Encourages patients to ensure they have albuterol inhalers on hand but also to not hoard this lifesaving medication
- Asthma Medication Assistance found on website
- Will begin offering HCP & Asthma Coach telehealth visits May 4, 2020

Offering COVID-19 support via toll-free helpline - 1-888-878-4403

Rapid Response: Bluestream’s Free COVID-19 Solution

- Bluestream is providing a free, HIPAA-compliant virtual care solution to help care providers work with patients that are impacted by the COVID-19 outbreak
  - Simply go to https://bit.ly/2X04sE5 to use it right now

- Functionality is basic and easy to use:
  - Open a web browser and generate a secure invite for a patient via text or email
  - The patient clicks the unique URL and is live in a HIPAA-compliant video session with you after after verifying consent for telemedicine consult
  - Collect notes on the session during or after the call
  - Download call details after the call from a secure, HIPAA-compliant repository
Implement a virtual-clinic solution when ready

- We can have a fully configured solution deployed within a week
  - Zero implementation cost
  - Reasonable SaaS license fee
  - No special hardware requirements
  - Interpreting available 24/7
  - Real-time reporting
  - Industry-leading security and privacy
- Contact us to get started
  - info@bluestreamhealth.com

Questions?

Please record your questions in the Question box on your webinar control panel. We will address as many questions as we can.
Join us on April 14, 2020 – 3:00 PM Eastern for the third webinar in our COVID-19 Webinar Series -

*Psychosocial Impact & Interventions for Patients & Providers During the COVID-19 Crisis*

Dr. Gia Rosenblum
Tonya Winders

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Maintaining Optimal Care During the COVID-19 Crisis

Thank you for listening!
Get guidelines-based information at allergyasthmanetwork.org