



Office of the Assistant Secretary for
Preparedness & Response

Closing the COVID-19 Test to Treatment Gap Webinar

February 24, 2022

Access speaker bios here:

<https://files.asprtracie.hhs.gov/documents/aspr-test-to-treatment-gap-webinar-bios.pdf>

Access the recording here:

<https://attendee.gotowebinar.com/recording/3795092347924826383>

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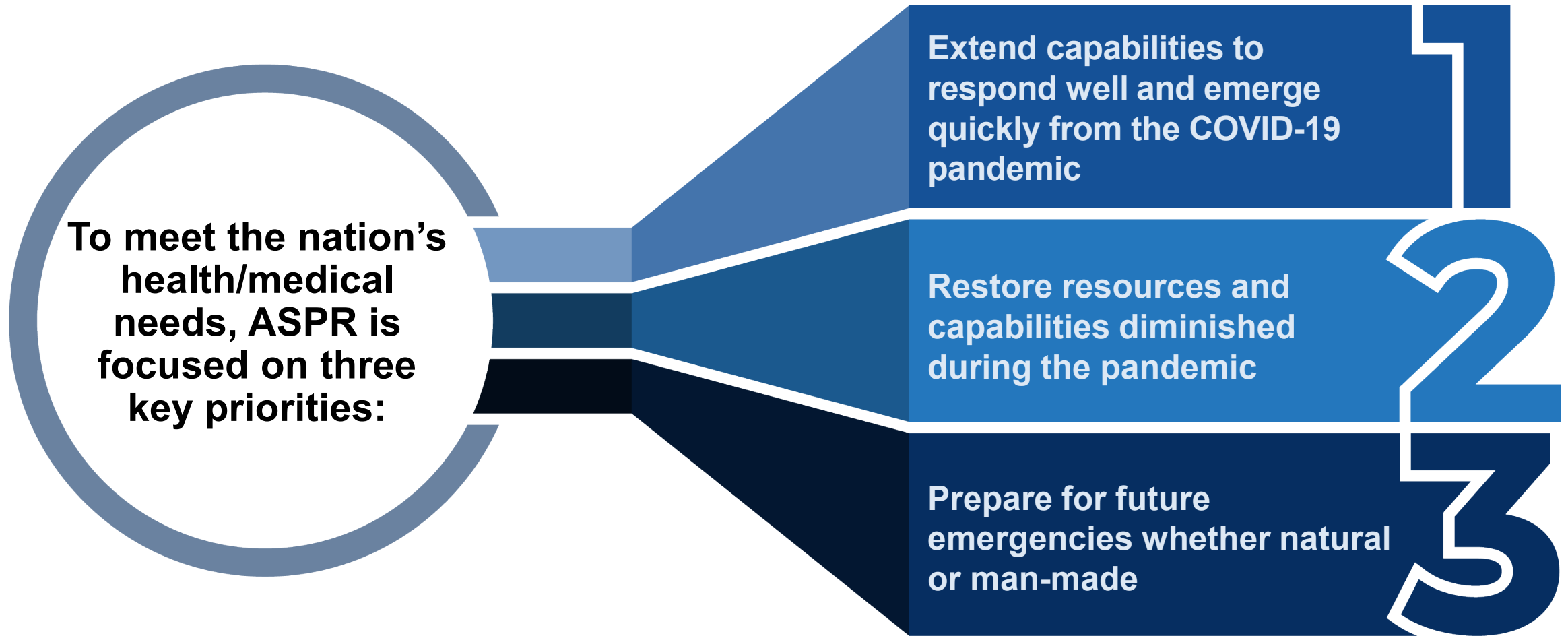
Welcome/Opening Remarks

Shayne Brannman, MS, MA
Director, ASPR TRACIE

Disclaimer

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ASPR Key Priorities



ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
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- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials



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Introductions

Cicely Waters, MS **Moderator**

Director, Office of External Affairs
Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services

Objectives & Setting the Stage

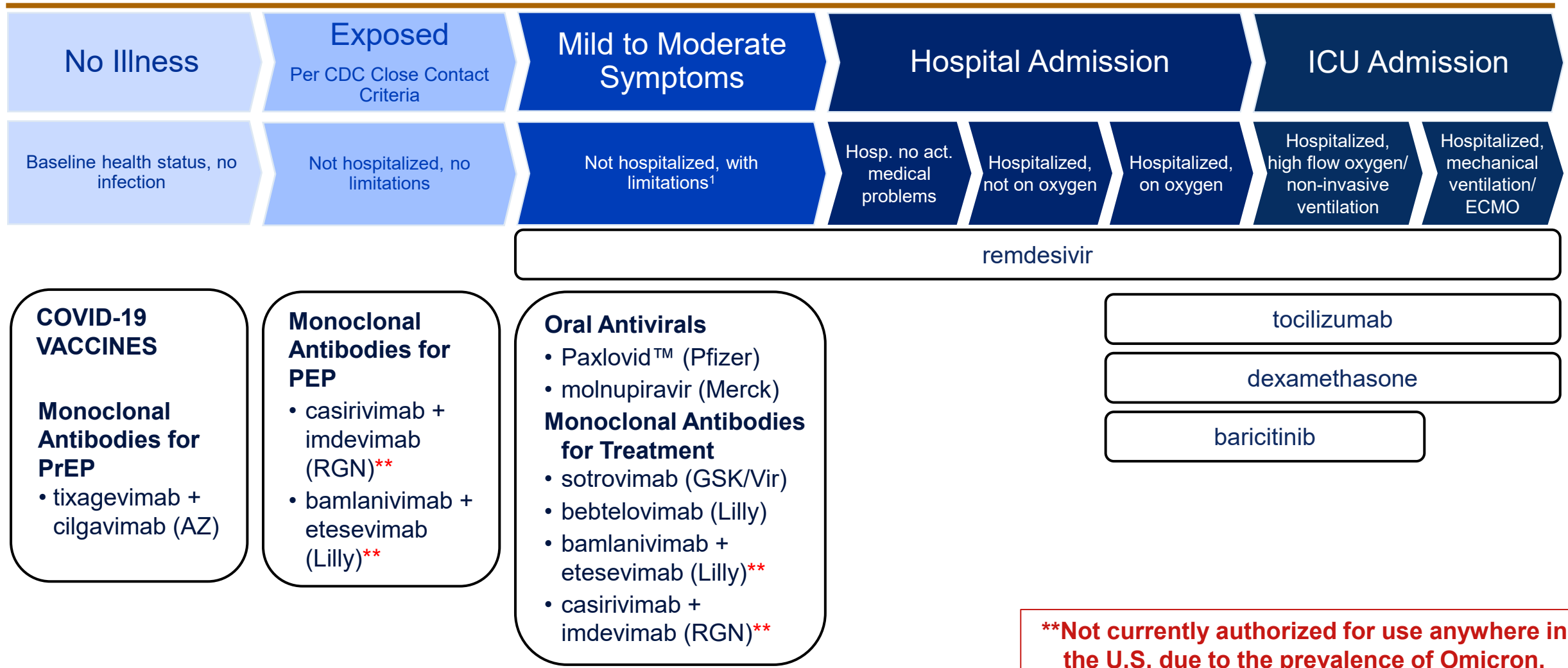
- Throughout COVID-19 response, federal government steadfast in supporting health care community
- Environment remains dynamic
- Landscape of medical countermeasures has evolved
- Provide overview of COVID-19 therapeutics landscape
- Highlight initiatives to help close Test to Treatment gap
- Discussion
- Q/A

COVID-19 Therapeutics Landscape

Derek Eisnor, MD

Medical Officer, Division of Clinical Development,
Biomedical/Advanced Research and Development Authority (BARDA)
COVID-19 Allocation and Distribution Lead, HHS ASPR

Summary of COVID-19 Preventative Agents & Therapeutics



¹ [NIH COVID-19 Treatment Guidelines](https://www.covid19treatmentguidelines.nih.gov/about-the-guidelines/whats-new/) <https://www.covid19treatmentguidelines.nih.gov/about-the-guidelines/whats-new/>

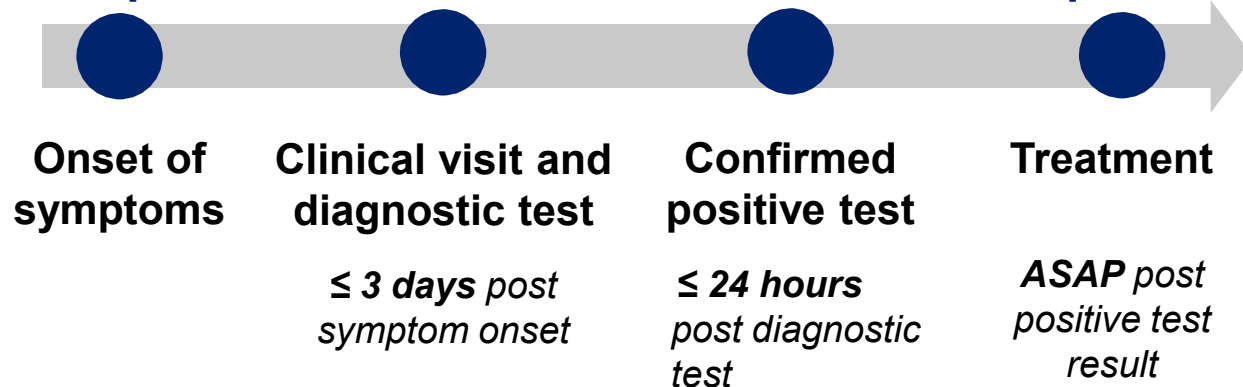
[Therapeutic Management of Nonhospitalized Adults With COVID-19](https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/nonhospitalized-adults--therapeutic-management/) <https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/nonhospitalized-adults--therapeutic-management/>

Pathway to Treatment: Patient with Confirmed COVID-19 Infection

- Treatment likely most beneficial to patients if given **early in symptom progression**
- EUA requires administration of **treatment as soon as possible** after confirmed positive test result and within **5 to 10 days of symptom onset***
- Strong **partnership and communication** between patients and HCP to get right treatment to right patients at right time
- Fast testing turnaround needed, to efficiently **identify positive tests** and **schedule for treatment**

Early administration of treatment needs fast testing turn-around and patient scheduling

Example of timeline which would fulfill EUA requirements

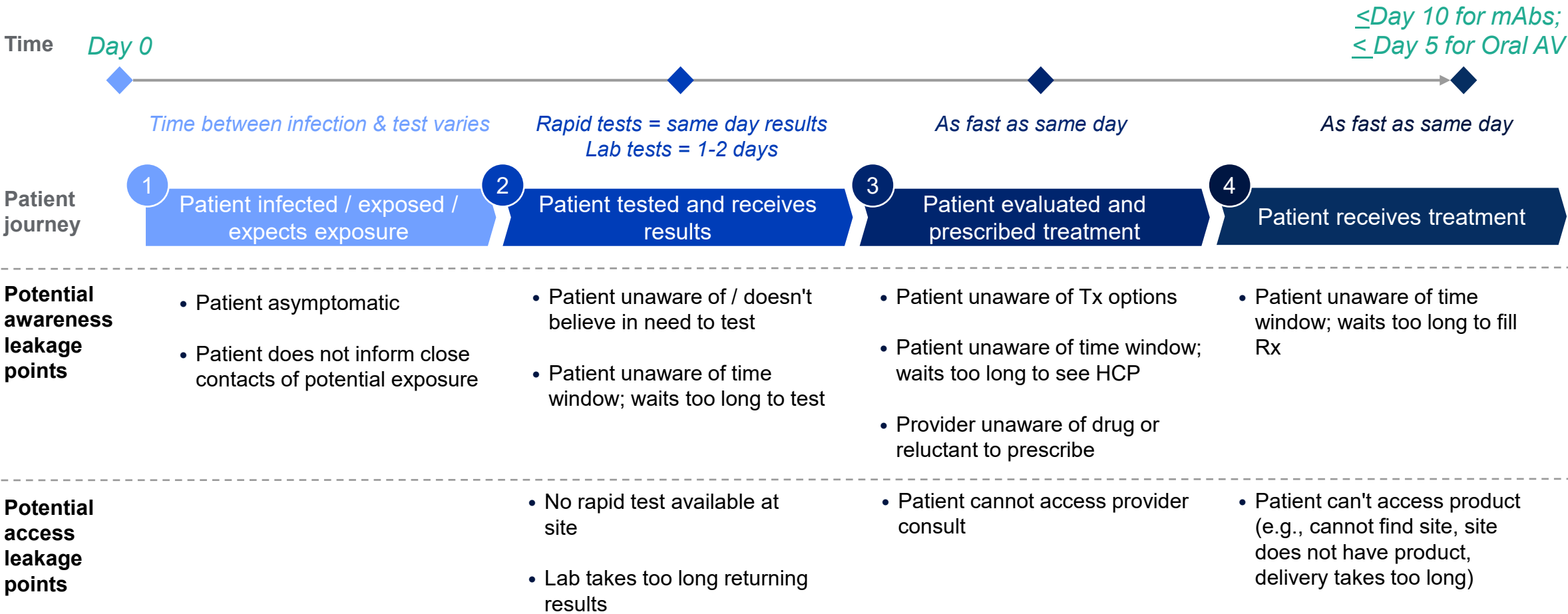


Treatment required within 5 to 10 days of symptom onset Testing sites should recommend COVID+ patients that are high risk confer with their HCP on potential suitability for Tx

*Please reference EUA factsheet for specific treatment guidelines including recommended treatment window

Planning required for "Test to Treat" models

Minimize Leakages in the Patient Journey Around Awareness & Access



Test to Treat

Meg Sullivan, MD, MPH
Acting Chief Medical Officer, HHS ASPR

COVID-19 Test to Treat Strategy: Overall Goals

- Facilitate **early diagnosis and rapid linkage to treatment** for individuals with COVID-19 who are at **high risk for complications**.
- Prevent disease progression and transmission through early diagnosis and treatment of high-risk individuals, thereby **reducing morbidity and mortality** caused by COVID-19
- **Reduce disparities in COVID-19 outcomes** through equitable strategies that prioritize access to tests and reduce barriers to treatments for high-risk individuals disproportionately impacted by COVID-19

Test to Treat Overview

- ***Test to Treat efforts aim to address challenges with patients obtaining therapeutics, including:***
 - Consumer knowledge of “test to treat” guidance
 - Access to tests upon symptom onset
 - Access to healthcare provider (or treatment site for mAbs) within timeframe for treatment effectiveness
 - Provider knowledge of and comfort level with prescribing therapeutics
 - Equitable distribution of therapeutics, especially in the setting of limited supply
 - Provider/consumer locating site with medication in-stock

COVID-19 Test to Treat Strategy: Overall Goals

- **Increase COVID-19 test and treat health literacy.**
- **Ensure Access to Tests** for early diagnosis, with a specific focus on high-risk individuals.
- **Facilitate Rapid Linkage to Care after Positive Result**, with a specific focus on high-risk individuals.
- **Ensure Access to Therapeutics**, with a focus on equitable distribution.

Increase COVID-19 Test to Treat Health Literacy

- Include Test to Treat language on testing websites

Self-Testing

Updated Feb. 1, 2022 Languages ▾ Print

CDC has updated [isolation and quarantine](#) recommendations for the public, and is revising the CDC website to reflect these changes. These recommendations do not apply to [healthcare personnel](#) and do not supersede state, local, tribal, or territorial laws, rules, and regulations.

Free At-Home COVID-19 Tests: [Order 4 free tests now so you have them when you need them.](#)

If you test positive for COVID-19 and have [one or more health](#) conditions that increase your risk of becoming very sick, [treatment may be available](#). Contact a health professional right away after a positive test to determine if you may be eligible, even if your symptoms are mild right now. Don't delay: Treatment must be started within the first few days to be effective.

<https://www.cdc.gov/coronavirus/2019-ncov/testing/self-testing.html>



What if you test **Positive**?

A **positive** at-home test result means that the test found the virus, and you very likely have COVID-19.

If you test positive, follow the [latest CDC guidance for isolation](#) [↗](#).

If you test positive and have a weakened immune system or [other health conditions](#) [↗](#), talk to a doctor as soon as possible about [available treatment options](#) [↗](#).

What if you test **Negative**?

A **negative** at-home test result means that the test did not find the virus, and you may have a lower risk of spreading COVID-19 to others. Check your test kit's instructions for specific next steps. If you test negative, you should test again within a few days with at least 24 hours between tests.

If you test negative, follow the [latest CDC guidance for self-testing](#) [↗](#).

<https://www.covidtests.gov/>

DON'T DELAY: TEST SOON AND TREAT EARLY
| COVID-19 |



Increase COVID-19 Test to Treat Health Literacy

JAMA Network

JAMA Internal Medicine

Search All Enter Search Term

Assessing How Consumers Interpret and Act on Results From At-Home COVID-19 Self-test Kits

A Randomized Clinical Trial

Steven Woloshin, MD, MS^{1,2}; Barry Dewitt, PhD^{3,4}; Tamar Krishnamurti, PhD⁵; [et al](#)

[Author Affiliations](#) | [Article Information](#)

JAMA Intern Med. Published online January 31, 2022. doi:10.1001/jamainternmed.2021.8075

Interviews

Key Points

Question How do people interpret results of at-home COVID-19 self-test kits when they use instructions authorized by the US Food and Drug Administration or instructions developed with decision science principles, or no instructions, and do they choose to self-quarantine per federal recommendations or quarantine unnecessarily?

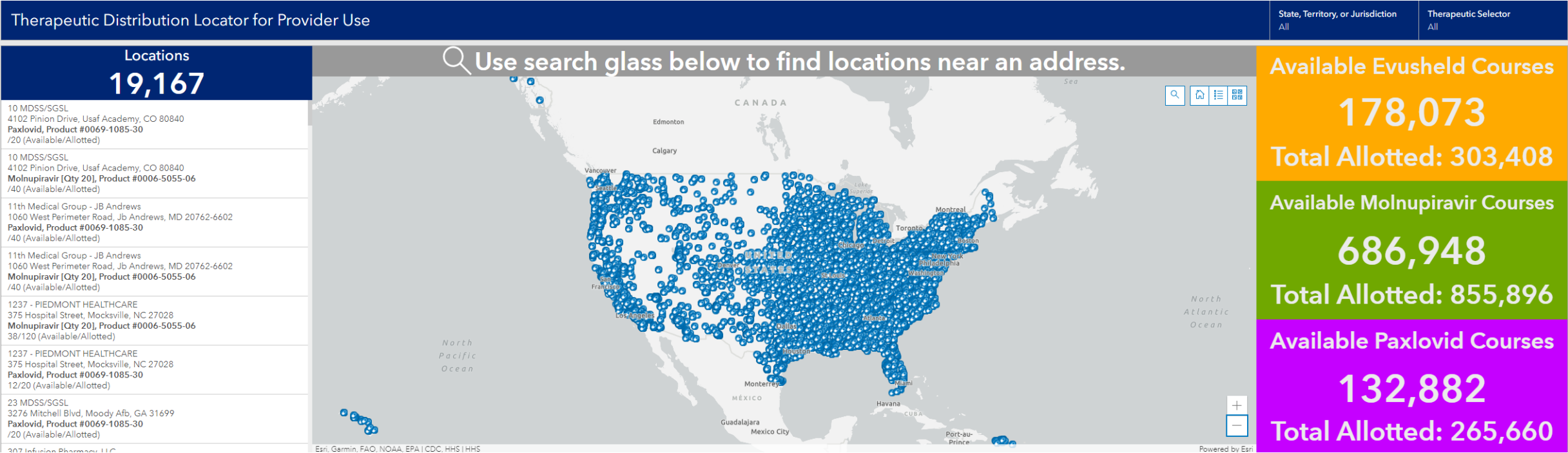
Findings This randomized clinical trial of 360 adults in the US found that a substantial proportion misinterpreted the negative results of at-home self-tests by failing to consider the implications of a high pretest probability of infection and ignoring the federal self-quarantine recommendations. Decision science-based instructions may increase the contribution of at-home self-test kits to public health.

Meaning The findings of this randomized clinical trial indicate that people who use at-home COVID-19 self-test kits may fail to self-quarantine or may quarantine unnecessarily because they misinterpret the implications of test results. Redesigned instructions may increase the benefits and reduce the harms from at-home self-test kits.

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2788656>

Increase COVID-19 Test to Treat Health Literacy/Ensure Access to Therapeutics

- Amplify existing resources, and develop additional resource for linkages to therapeutics for healthcare providers



Weekly Stakeholder Engagements

- **Office Call Sessions: HHS/ASPR Distribution and Administration of COVID-19 Therapeutics**
 - Tuesdays (2:00-3:00PM ET)
<https://hhsasproea.zoomgov.com/j/1604329034?pwd=dGRwZTBETTJzWFliQW83TXZSOFVNQT09>
- **Stakeholder Call: Federal Retail Pharmacy Therapeutics Program (FRPTP) Participants**
 - Every other Tuesday (12:00-12:30PM ET); Next meeting March 8
- **Stakeholder Call: State and Territorial Health Officials**
 - Wednesdays (2:00-3:00PM ET)
- **Stakeholder Call: National Health Care and Medical Orgs and Associations**
 - Wednesdays (3:15-4:15PM ET)
<https://hhsasproea.zoomgov.com/j/1617766329?pwd=SEVPMzIQWDQyYWo2KzcxVU01THluQT09>
- **Health Partners Ordering Portal (HPOP) Office Hours**
 - Thursdays (4:00-5:00PM ET)
<https://hhsasproea.zoomgov.com/j/1603047233?pwd=V3R4OG1LSDhUZ2l0Y0NhZkUxVlkxdz09>
- **Federal COVID-19 Response: COVID-19 Therapeutics Clinical Webinar**
 - Every other Friday (12:00-1:00PM ET); Next meeting March 4
<https://hhsasproea.zoomgov.com/j/1617536991?pwd=NjFMcnJOUENuSFhtRFFtaWltejYzZz09>

Questions or need the Zoom link for identified engagements?
Email us at COVID19Therapeutics@hhs.gov.

Increase COVID-19 Test to Treat Health Literacy/Ensure Access to Therapeutics



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HRSA Health Center COVID-19 Therapeutics Program

HRSA Health Center COVID-19 Therapeutics Program

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Engaging HRSA-Supported Health Centers

View participating health centers.

The Biden-Harris Administration is committed to ensuring our nation's underserved communities and those disproportionately affected by COVID-19 have equitable access to FDA-authorized or approved COVID-19 treatments, such as oral antiviral pills.

ASPR

Unclassified

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Test to Treat Models

- **Goal of Test to Treat:** Facilitate **early diagnosis and rapid linkage to treatment** for individuals with COVID-19 who are at **high risk for complications**, thereby **reducing morbidity and mortality** caused by COVID-19 and **reducing disparities in COVID-19 outcomes**.
- **Requirements for successful Test to Treat model for Oral Antivirals:**
 - Awareness by patient and provider of current testing and treatment guidance and availability.
 - Rapid access to test and results after symptom onset.
 - Timely access to a healthcare provider for evaluation and prescription.*
 - Timely access to medication (within a few days after symptom onset.)

**Different requirement for mAbs*

Test to Treat Initiative

- **Promote and support a variety of existing and new pathways for increased public and provider awareness, rapid access to tests, and/or linkage to treatment, including:**
 - Public education campaign and enhanced patient/consumer education and messaging
 - Provider outreach to increase knowledge of and comfort level with prescribing therapeutics
 - Ensuring access to and prepositioning tests in high priority settings & populations
 - Ensuring access to and prepositioning therapeutics in high priority settings and populations
 - HRSA-funded health centers
 - Working with states/territories to support efforts re: distribution to high priority locations
 - Prioritize other settings in which end-to-end test to treat model can be provided and/or disease burden is high
 - Ongoing efforts to increase supply of therapeutics
 - Exploring further opportunities for telehealth and other options for linkage to care and treatment

The Reliable Acquisition of Pharmaceuticals for Immediate Distribution (RAPID) Program for Long-Term Care Facilities

To facilitate early diagnosis and a rapid link to treatment options for high-risk individuals in long-term care facilities (LTCFs), HCORE is working on the RAPID initiative to increase access of oral antivirals (OAVs) to the long-term care community.

Guiding Principles

- RAPID would involve a separate federal cache that would not impact current partners allocations.
- Current data on OAVs shows only a ~62% utilization of Paxlovid and ~14% utilization of molnupiravir.
- Initially, this channel would utilize molnupiravir, which is in abundant supply, and potentially add Paxlovid when supply is not constrained.
- Aid states by identifying long-term care supporting pharmacies (LTCPs) within their jurisdictions.
- Identified LTCPs would have the ability to open order with guard rails, closely tied to utilization.
- Ensure maximum visibility by the states and jurisdictions on product supplies in LTCPs and LTCFs.
- Ensure equitable distribution of therapeutics.
- Provide an efficient and flexible logistical and distribution structure to meet the current and future demand for therapeutics when and where needed.

Panel Roundtable Discussion and Q&A



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