Access the entire webinar series here:

https://files.asprtracie.hhs.gov/documents/aspr-tracie-healthcareoperations-during-covid-19-pandemic-webinar-series.pdf

Access this webinar recording here: <u>https://</u> attendee.gotowebinar.com/recording/8534472339464849168

T R A C I E HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Healthcare Operations during the COVID-19 Pandemic- Speaker Series

January 2021





William Fales, MD, FACEP, FAEMS

Medical Director, Michigan Department of Health & Human Services, Division of EMS and Trauma; Professor and Chief, Division of EMS and Disaster Medicine, Western Michigan University



Disclosures and Conflicts

Disclosures

- Western Michigan University Homer Stryker MD School of Medicine
 - Professor of Emergency Medicine
 - Chief, Division of EMS and Disaster Medicine
- Kalamazoo County Medical Control Authority
 - EMS Medical Director
- Conflicts
 - No known conflicts



Methods for Monoclonal Antibody (mAb) Therapy

- mAb <u>authorized</u> by FDA and allocated by HHS to the states (and others)
- mAb therapy is allocated from the states to healthcare facilities
- Michigan initially supplied exclusively hospitals as community "depot"
 - Supply intended for hospital use but also for broad community
 - Since, expanded direct allocation to others (LTC pharmacies, infusion clinics)
- State's concerns: Equity, Safety, and Efficacy
- Electronic Patient Profile Form submitted for each patient treated
- Electronic Follow-up Form for admissions/deaths within 14 days of mAb
- Follow-up brief phone interviews to evaluate post-mAb course









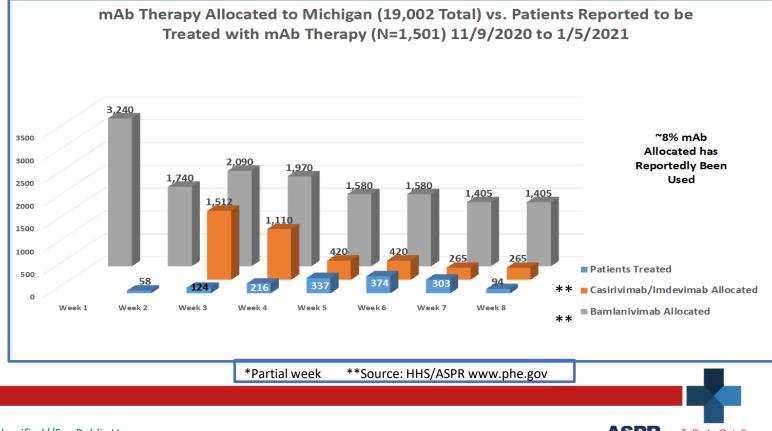


REGENERON





mAb in Michigan – Supply >>> Demand



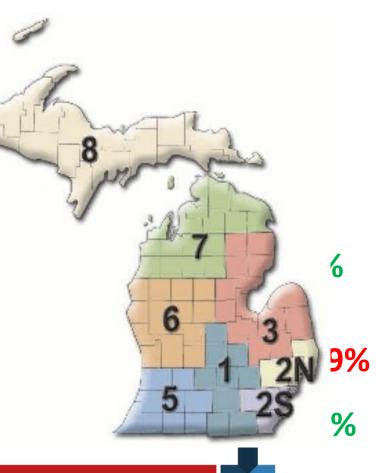
HEALTHCARE EMERGENCY PREPAREDNESS

Hospital Use (or Lack Th

- Use reported by 50 of 138 (36%) hospita
- 221 (15%) patients at one hospital
- 10 hospitals treated ~60% of patients
 - 12 hospitals treated 1% of patients
- Detroit (91) vs. Upper Peninsula (157)
- Smaller vs. larger hospitals
 - Level 1/2 trauma centers: 20

<u>></u>; <'

- Non-level 1/2 trauma centers: 30
- Medication used
 - Bamlanivimab: 97%
 - Casirivimab/Imdevimab: 3%

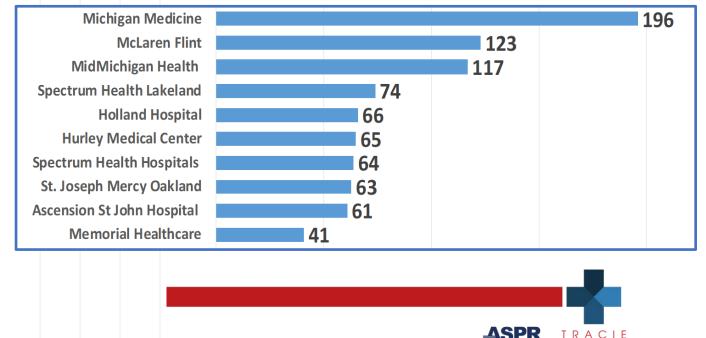




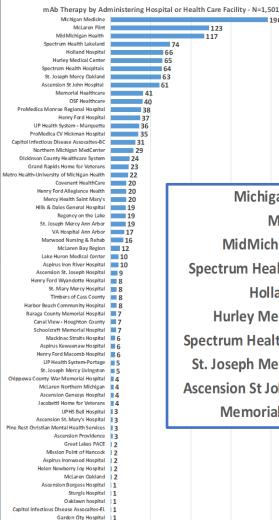
HEALTHCARE EMERGENCY PREPAREDNESS

INFORMATION GATEWAY

Top 10 Hospitals

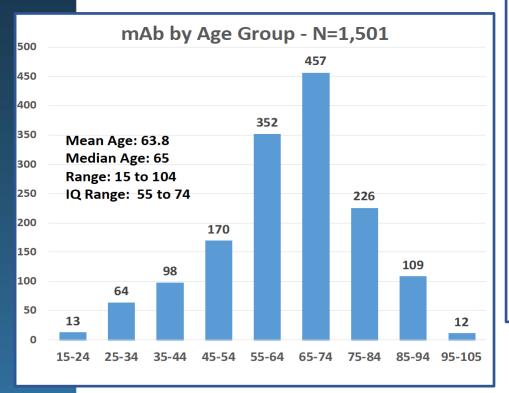


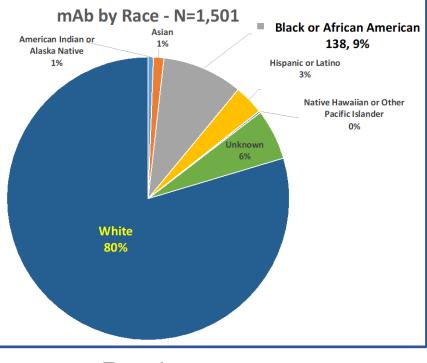
250



Deckerville Community Hospital

Demographics



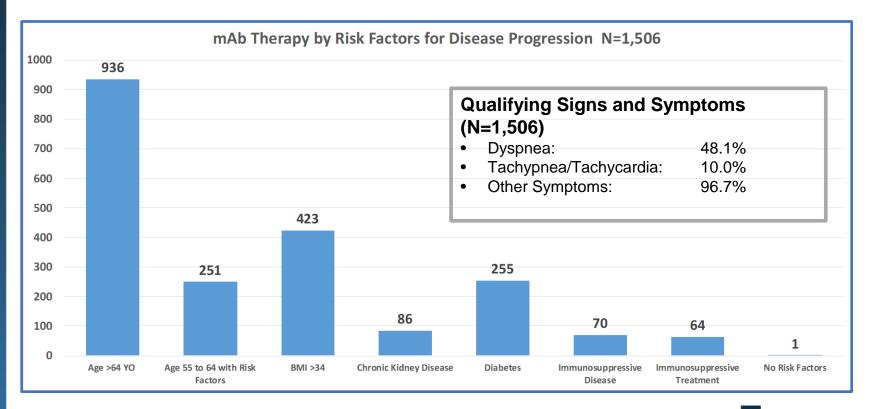


HEALTHCARE EMERGENCY PREPAREDNESS

• 50.6% Female

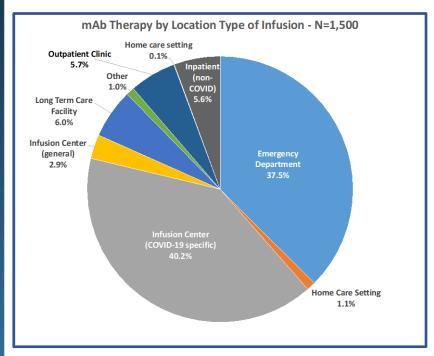
10.0% Healthcare Workers_

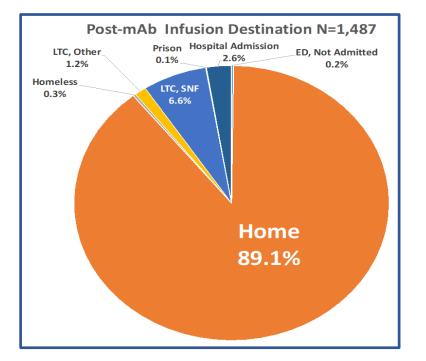
Risk Factors for Disease Progression & Signs and Symptoms



HEALTHCARE EMERGENCY PREPAREDNES

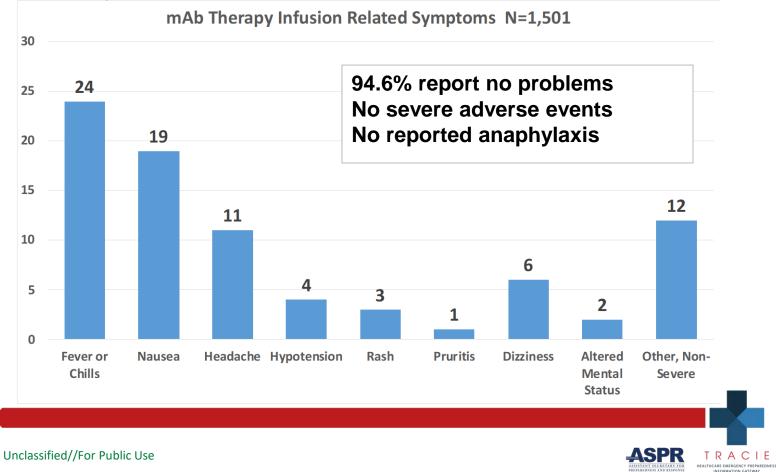
mAb Infusion Location and post-mAb Destination







Safety: mAb Infusion Related Problems



Efficacy: Post mAb Admission Rate and Outcome

Total	Age >64 YO	Age 55-64 w/RF	BMI >34	СКД	DM	Immuno- Suppress Disease	Immuno- Suppress Treatment
772	457	110	231	42	136	31	33
39	22	2	15	3	8	0	3
5.1%	4.8%	1.8%	3.6%	7.7%	5.9%	0.0%	10.0%
Reported Hospitalization Rates in Untreated High-Risk Patients from Clinical Trials 9 to 15%				 Phone Interviews N=152 Admit: 5.9% 2-Day Improved: 66.4% Now improved: 96.6% 			



Operation Holiday Delivery

- Rapid Response to LTCs with 6 outbreaks
 6 counties, 5 SNFs, 1 Assisted Living
- Resources: State Mobile Nursing Crisis Teams + Local EMS/Paramedics
- Outcomes: 101 patients, 3 admits, 1 death







Access to LTC Patients

Awareness

- Facility Medical Director/Clinicians
- Local Public Health
- Healthcare Coalitions



Delivery Options

- Transport to infusion center or ED
- SNFs Internal Staff
- Home care/infusion
- EMS (per protocol)
- Special Team





Summary



- mAb therapy is underutilized in Michigan
- mAb supply far exceeds current demand
- Bamlanivimab has been found to be safe
- Treatment in LTC settings of large numbers of patients can be safe and efficient using multi-disciplinary teams
- Ability of mAb to reduce hospitalizations remains to be determined but preliminary experience is encouraging



Contact Us



asprtracie.hhs.gov

1-844-5-TRACIE

askasprtracie@hhs.gov

falesw@michigan.gov

