Kevin Mcculley <kmcculley@utah.gov>

Draft Self-Screening Tool Ready for Review

Kevin Mcculley <kmcculley@utah.gov> Fri, Oct 1, 2021 at 11:46 AM
To: Jenny Johnson <jennyjohnson@utah.gov>
Cc: Jodee Baker <jodeebaker@utah.gov>, William Lanier <wlanier@utah.gov>, Brett Cross <bcross@utah.gov>, Krisann Humphreys Bacon <krisannbacon@utah.gov>, Matthew Plendl <mplendl@utah.gov>, Joe Jackson <joejackson@utah.gov>, Charla Haley <chaley@utah.gov>, Mindy Colling <collingforpreparedness@gmail.com>, Garry Wellisch <gwellisch@utah.gov>, Jason Barnes <jbarnes@utah.gov>, Michelle Hofmann <mhofmann@utah.gov>, Mindy Colling <mindyjcolling@utah.gov>, Scott Christofferson <schristofferson@utah.gov>

Here is the question from the risk score - Non-White race or Hispanic/Latinx ethnicity. what is does is not screen someone in or out, it just is a score booster, much as being a male or have a comorbid condition.

Here is the justification
Ethical Justification for Using Race/Ethnicity in Patient Selection: COVID-19 has had a disproportionate impact on low income communities and certain racial/ ethnic minorities in the United States. Equity calls attention to the systematic differences in health outcomes and opportunities to be healthy that adversely affect socially discounted and/or marginalized groups. For COVID-19, these inequities may arise from higher burdens of preexisting comorbid disease, poor health care access, or not having the option for social distancing due to living in densely populated neighborhoods or households. There are also more economically disadvantaged individuals working essential jobs during the pandemic, and many are unable to perform job functions from the safety of their home. This puts them at greater risk of interacting with others who may transmit COVID-19. Utah Data from more than one hundred thousand patients with COVID-19 confirms that even after controlling for age and comorbidities, Utahns who identify from communities of color have a significantly higher risk of severe disease requiring hospitalization. Public health interventions may be used to attempt to mitigate these disparities in COVID-19 by recognizing the structural inequities that underlie them. One way to do this is to include race/ethnicity in the patient selection criteria. The FDA Emergency Use Authorization for monoclonal antibodies specifically states that race and ethnicity may be considered when identifying patients most likely to benefit from this lifesaving treatment.

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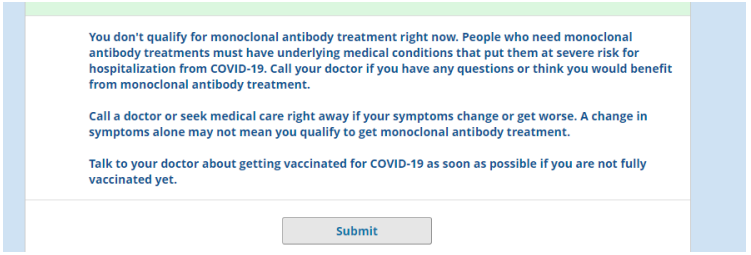
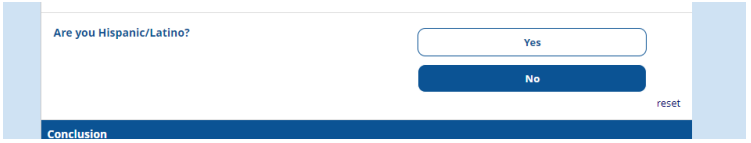
On Fri, Oct 1, 2021 at 11:34 AM Jenny Johnson <jennyjohnson@utah.gov> wrote:

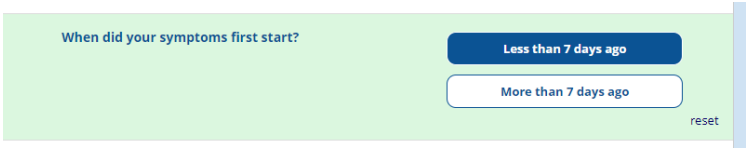
> Thanks for these catches, Kevin.
>
> Scott, I made the edits to our mab risk assessment Google doc and tagged you.
>
> I do have a couple of questions though, for race, it's best to let someone select more than one race category. Would this mean anyone who marks ONLY White would not meet the criteria? And those who mark at least one race category that is not White does meet the criteria?
>
> Also, can we use a calendar for symptom onset date instead of two text options? The way we have it now, it's quite confusing to try and explain in text AND it's a leading question. If the system can figure out if it falls within the last 7 days for the person, our team would prefer that (and especially with Kevin's suggestion that we missed the day 7 timeframe).
>
> Thanks,
>
> **Jenny Johnson, MPH, CHES** | Public Information Officer
> Utah Department of Health
> (o) 801-538-9416
> (c) 385-290-7826
> **On-call PIO (801) 209-2591**
>
> http://health.utah.gov/
> Facebook Twitter YouTube
>
> On Fri, Oct 1, 2021 at 10:57 AM Kevin Mcculley <kmcculley@utah.gov> wrote:



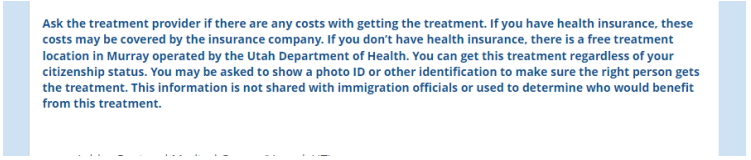
Suggested - "You don't qualify for monoclonal antibody treatment right now. People who need monoclonal antibody treatments must have underlying medical conditions that put them at severe risk for hospitalization from COVID-19, **and be within 7 days or less from the onset of symptoms**. Call your doctor if you have any questions or think you would benefit from monoclonal antibody treatment."



Suggestion/question - I don't see where other nonWhite race is able to be noted? The guidance is for any non-white and/or Hispanic/Latinx



Suggestion/question - what about exactly 7 days ago?



Suggestion/question - For uninsured this treatment should be free regardless of where they get treated, as healthcare providers can access a reimbursement plan from HRSA.

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On Fri, Oct 1, 2021 at 10:41 AM Jenny Johnson <jennyjohnson@utah.gov> wrote:

> Jodee,
>
> With the URL, what options do we have to change? Just the stuff after utah.gov?
>
> I can also see if our team can do a "dummy URL" that redirects to the redcap one. That way we can name it whatever we want if the group feels strongly about that too.

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On Fri, Oct 1, 2021 at 10:29 AM Jodee Baker <jodeebaker@utah.gov> wrote:

> Hi everyone,
>
> The REDCap MaB Screening Tool has been updated to reflect all of the changes discussed and in the plain language google document. If you'd like to do a final review, you can get to that here:
>
> https://redcap.link/utah.gov-MaB(test)
>
> Please let us know if there are any changes that need to be made. DO NOT use this link for Production documentation until we have a finalized link.
>
> We also need suggestions as to a url for this tool. We could use the link that I posted (minus the test) if you prefer. If you have any other ideas, please let us know. Just to make it clear,
>
> Thank you!
> JoDee
>
> On Fri, Sep 24, 2021 at 10:11 AM William Lanier <wlanier@utah.gov> wrote:
>
> > Hi Joe and team,
> >
> > This looks really great. Thank you so much for putting this together on a short timeframe. My recommendations/thoughts are below. I reviewed this with clarity in mind and in light of the criteria here: https://coronavirus.utah.gov/noveltherapeutics/
> >
> > **Are you currently scheduled to be or will be admitted to a hospital?**
> >
> > How about: "Are you currently hospitalized or scheduled to be admitted to a hospital for COVID-19?" [Yes to either would disqualify]
> >
> > **Have you increased or been prescribed supplemental oxygen?**
> >
> > How about: "As a result of your current COVID-19 illness, have you been prescribed new or increased supplemental oxygen?
> >
> > **Do you have a documented positive COVID-19 test result?**
> >
> > How about: "Have you tested positive for COVID-19 for your current illness?" And I would move this one up to the top.
> >
> > And right after the positive test question, we need to add a symptomatic question. This can be followed by the question about 7 days from symptom onset (above): "Do you currently have symptoms of COVID-19?" We could list COVID symptoms, or not - might be OK to leave off for the purposes of this screening tool, to be clarified and verified by the hotline staff.
> >
> > We also need to add a question about vaccination status, and have that factor into the algorithm appropriately: "Are you fully vaccinated against COVID-19?"
> >
> > **You are likely eligible**
> >
> > I suggest changing to "You may be eligible..."
> >
> > **Remember, treatment...**
> >
> > I think we could remove the "Remember"; we haven't told them this earlier. And make the statement stand out somehow.
> >
> > **Date of birth**
> >
> > I don't think we need to capitalize "Date" (should be consistent with other lines around it).
> >
> > Why are there fields at the bottom for entering in patient information (name, DOB, phone)? Do we want to make it a requirement for them to enter that info before they call the hotline? If so, we should make that clear (I don't see any current language to that effect).
> >
> > At the end, along with info about how to call the hotline, we might want to link with some other info this page https://coronavirus.utah.gov/noveltherapeutics/ that might be useful (like 'does mAb work' and 'what are the side effects').
> >
> > Would be helpful for you to walk us through the logic, hopefully at this afternoon's group meeting.
> >
> > I, too, think it is essential to run this by the partner provider group and/or SME group that developed the risk criteria. We should send the draft to them today, if possible.
> >
> > Willy

CDR William A. Lanier, DVM, MPH, DACVPM

Utah State Public Health Veterinarian

CDC Career Epidemiology Field Officer

wlanier@utah.gov | 503-931-9131

On Fri, Sep 24, 2021 at 10:02 AM Jodee Baker <jodeebaker@utah.gov> wrote:

> Hi everyone,
>
> As an Informatics Program, we will wait to program the wording when it is finalized (as much as possible) on your end. You all are the experts on that part! Please let us know when you feel ready and send us the finalized version. Then we will come to you with any questions.
>
> Thanks for all of your hard work... in EVERYTHING.
>
> JoDee
>
> On Fri, Sep 24, 2021 at 9:02 AM Brett Cross <bcross@utah.gov> wrote:
>
> > We could ask if they have a new oxygen requirement from a healthcare provider. We can also tell them they are required to have an SPO2 reading greater than 90% when they come for the infusion, but we can ask a couple of questions about their oxygen requirement and potentially something with how short of breath they feel?
> >
> > Brett Cross, MPA, NRP, FP-C
> > Director
> > Specialty Systems of Care and Education
> > Bureau of Emergency Medical Services and Preparedness
> > Utah Department of Health
> > bcross@utah.gov
> > 801-879-2912 (c)
> >
> > I am looking for your feedback in regards to my customer service. Please take a minute to complete this brief survey:
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> >
> > On Fri, Sep 24, 2021 at 7:50 AM Kevin Mcculley <kmcculley@utah.gov> wrote:
> >
> > > I agree with others, as we have discussed, this really needs to be a provider driven assessment, yet we are trying to make it patient driven, so this issue will continue to be a pinch point. Intermountain describes that they have to spend so much time explaining to people why they are not eligible, that it often leaves little time to get to the people that truly need it, so this automated system will be very helpful.
> > >
> > > Also, we have been forced into a defense of the scoring system as now constituents are reaching out to elected leaders asking why they are not eligible. For some background, see
> > > https://combatcovid.hhs.gov/sites/default/files/documents/Promising-Practices-Intermountain-072021.pdf
> > > https://www.medrxiv.org/content/10.1101/2021.02.22.21252171v1
> > >
> > > Finally, someone with a high level of cultural competence should help us wordsmith this
> > > *Is your race Non-white or Hispanic/Latinex Ethnicity?*
> > >
> > > I don't think Hispanic is a race.
> > > Thanks all great work, I would love to have the clinical stakeholder group have a crack at it to validate before going live.
> > >
> > > Kevin
> > >
> > > Kevin M. McCulley
> > > UDOH COVID-19 Incident Command
> > > Operations Section - Healthcare Branch Lead
> > > Preparedness and Response Director
> > > Bureau of EMS and Preparedness
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> > >
> > > On Fri, Sep 24, 2021 at 7:33 AM Krisann Humphreys Bacon <krisannbacon@utah.gov> wrote:
> > >
> > > > Looks great! I agree that we should define SpO2%, most people likely won't know what that is, also I agree we should move the question of a positive test up (maybe the second question?). Also should we offer 'don't know' as an answer to the SpO2% question? If they answer 'don't know' they could be given the message to call the hotline? Maybe it's a different message that would somehow alert the hotline staff and potentially providers that that is the

criteria they need to probe? I know I wouldn't know that answer for myself, maybe there's an easier way to ask that question? Excellent work!!

Krisann Bacon | Special Projects Coordinator
Utah Department of Health | Executive Director's Office
Special Projects Officer | Unified Command Utah COVID-19 Response
385-377-4168 | krisannbacon@utah.gov

On Fri, Sep 24, 2021 at 7:06 AM Matthew Plendl <mplendl@utah.gov> wrote:

Just a couple thoughts, feel free to dismiss:

Should SpO2% be defined for patients? maybe in a field note

If a positive test is required, should we move that question further up in the survey?

Latinex should have the 'e' removed (Latinx)

Overall, nice work!

On Thu, Sep 23, 2021 at 5:54 PM Joe Jackson <joejackson@utah.gov> wrote:

Hi all,

Here's a link to the draft Self-Screening Tool. Please provide corrections and changes. We need at minimum proper wording for questions and any desired flow changes. We do have the ability to make this multi-lingual but we'd need wording for everything in the additional languages if you want that.

Thanks, Joe

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--
Matthew Plendl
Information Systems Program Manager
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Utah Department of Health
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--
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Division of Disease Control & Prevention

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--
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