Kevin Mcculley <kmcculley@utah.gov>

FW: Intrastate bamlanivimab allocation

Brandon Webb <Brandon.Webb@imail.org> Thu, Nov 19, 2020 at 3:40 PM
To: Mark Shah <markbshah@gmail.com>
Cc: Zarndt Janet <Janet.Zarndt@healthtrustpg.com>, Jill Vicory <Jill@utahhospitals.org>, Baumann Michael - Cottonwood Heig <Michael.Baumann@hcahealthcare.com>, Samuel Brown <Samuel.Brown@imail.org>, "Erin.fox@hsc.utah.edu" <Erin.fox@hsc.utah.edu>, Colin Grissom <Colin.Grissom@imail.org>, "jaj@sisna.com" <jaj@sisna.com>, "Jarrett, Arlen K." <arlen.jarrett@steward.org>, kmcculley <kmcculley@utah.gov>, "Kashif.memon@steward.org" <Kashif.memon@steward.org>, "Oliver.oliver@comcast.net" <Oliver.oliver@comcast.net>, Jared Olson <Jared.Olson@imail.org>, Greg Rosenvall <Greg@utahhospitals.org>, "Emily.Spivak@hsc.utah.edu" <Emily.Spivak@hsc.utah.edu>, Russell Vinik <russell.vinik@hsc.utah.edu>, "Gjwillden1@gmail.com" <Gjwillden1@gmail.com>, Jason Spaulding <Jason.Spaulding@imail.org>, "mhofmann@utah.gov" <mhofmann@utah.gov>, "Dena.Eckardt@steward.org" <Dena.Eckardt@steward.org>, "julia.nokes" <julia.nokes@steward.org>, "Allen.Miller@steward.org" <Allen.Miller@steward.org>, "benjamin.baker@steward.org" <benjamin.baker@steward.org>, "rvinik@yahoo.com" <rvinik@yahoo.com>

Hi all. Janet makes a great point. The risk of obesity and COVID is directly proportional to increasing BMI. The CDC (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#obesity) and other large studies (https://onlinelibrary.wiley.com/doi/full/10.1111/obr.13128) have shown increased risk of severe COVID with the standard definition of obesity (BMI of 30 or more), and an *even greater* risk at higher BMI of 35 or greater. In the data I analyzed, we used BMI 30 and the odds were 2-fold greater. I believe the EUA set the bar higher at 35 because that was an automatic qualifier - eg that alone without other risk factors makes one eligible for drug. Our model takes multiple accumulating factors into account.

If you would like, I could look at whether weighting BMI 30 at one point and 35 at 2 points affects the accuracy.

Mark- the Ohio model is the Cleveland Clinic model we used as the basis for our modified score. It is good, the only knock odd that it only gives disparity weighting to black race rather than recognizing elevated risk associated with other race/ethnicities.

BW

> On Nov 19, 2020, at 2:53 PM, Mark Shah <markbshah@gmail.com> wrote:
>
> Janet's recommendation makes sense to me. Would we want to lower the initial threshold by a point or two to make up for the higher obesity bar?
>
> I like how Brandon wrote the comorbidities. I was surprised that dementia is not considered one of the qualifying neurodegenerative diseases.
>
> Here is the scoring tool that Ohio Health is using. They are prioritizing patients with a >10% CC risk.
> https://riskcalc.org/COVID19Hospitalization/
>
> Jehi, L., Ji, X., Milinovich, A., Erzurum, S., Merlino, A., Gordon, S., Young, J. B., & Kattan, M. W. (2020). Development and validation of a model for individualized prediction of hospitalization risk in 4,536 patients with COVID-19. PloS one, 15(8), e0237419.
>
> On Thu, Nov 19, 2020 at 2:44 PM Zarndt Janet <Janet.Zarndt@healthtrustpg.com> wrote:
>
> > I just noticed that the EUA lists high risk as BMI
> >
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> > > > <image005.jpg>
> > > >
> > > > Hi there,

Marta Wosinska, Ph.D. is inviting you to a scheduled Zoom meeting.

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2 attachments

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