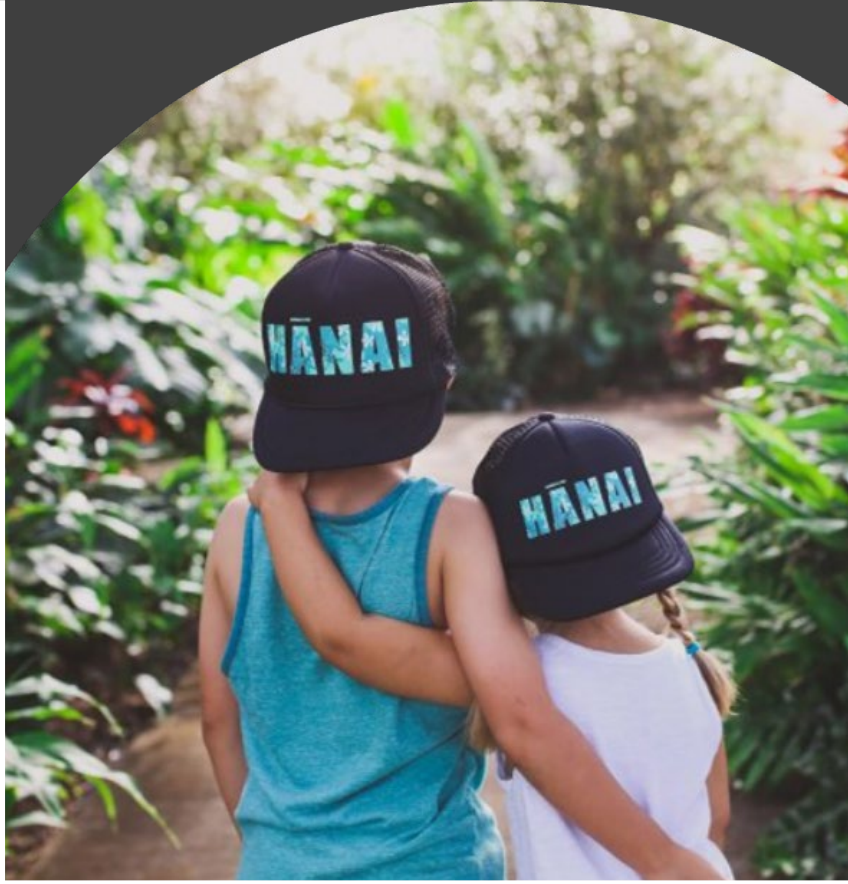


The delta Makes A Difference
Covid Update for MHAC

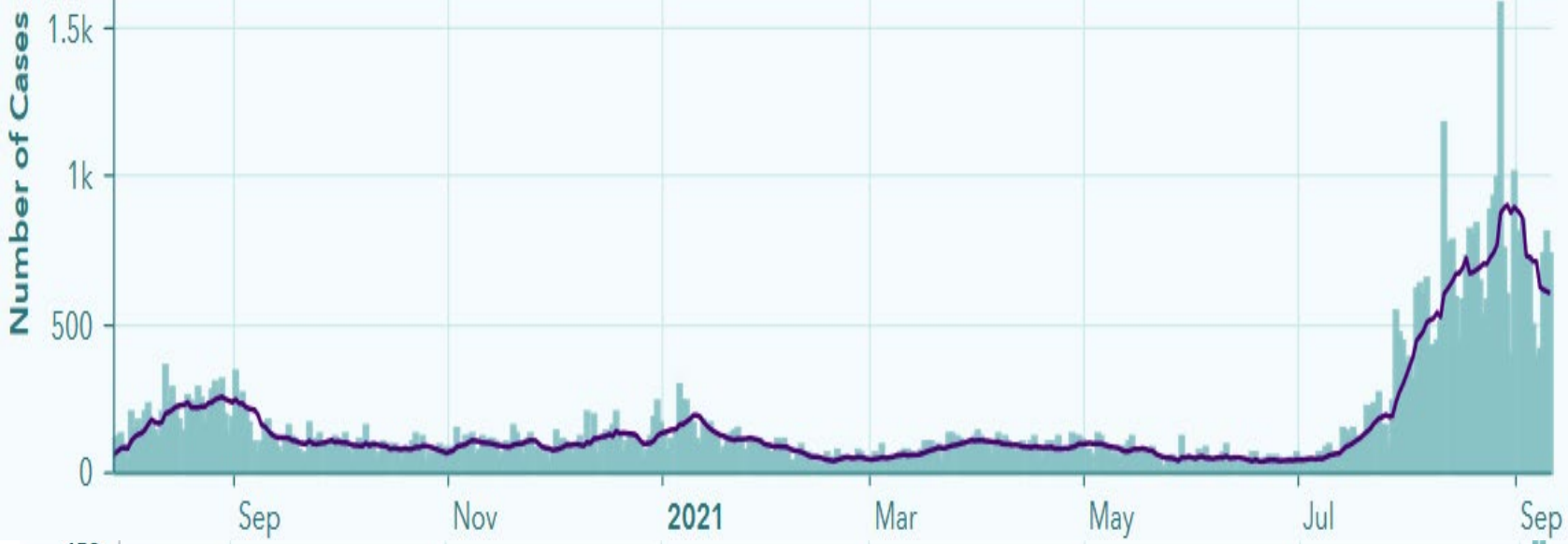
Curtis Toma, MD

Med-Quest Medical Director

September 15, 2021

Case Surge

2021 peak =		3 - 4 x 2020
		7 day Ave:
8/29/21	=	900 (2021 peak)
8/28/20	=	250 (2020 peak)
9/12/21	=	600 (down by 300)



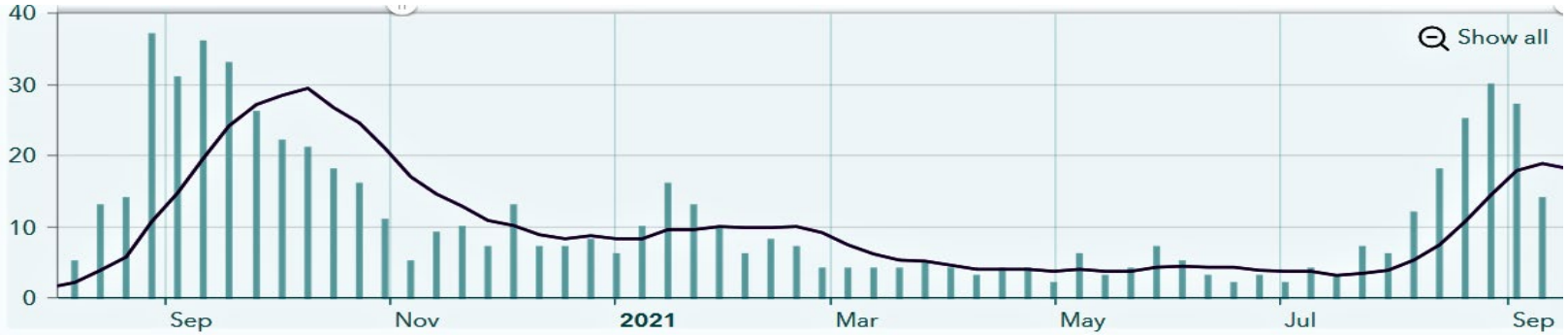
Hospital Surge

2021 peak:		1.5 x 2020 hosp
9/3/21	=	450 (2021 peak)
8/25/20	=	300 (2020 peak)
9/12/21	=	380 (down by 70)

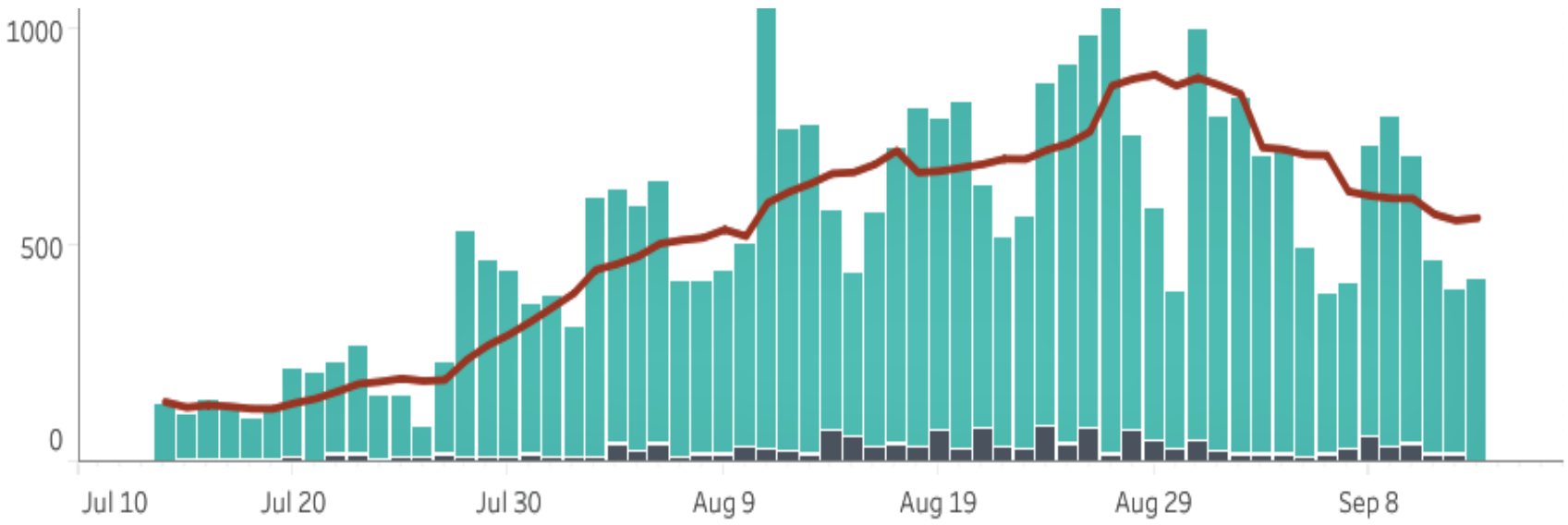
Mortality

2021 < 2020

2020 peak:	37 / week
2021 increasing:	27 / week
updated 9/12/21	



State Cases: 7 Day Average (red line) past 2 months

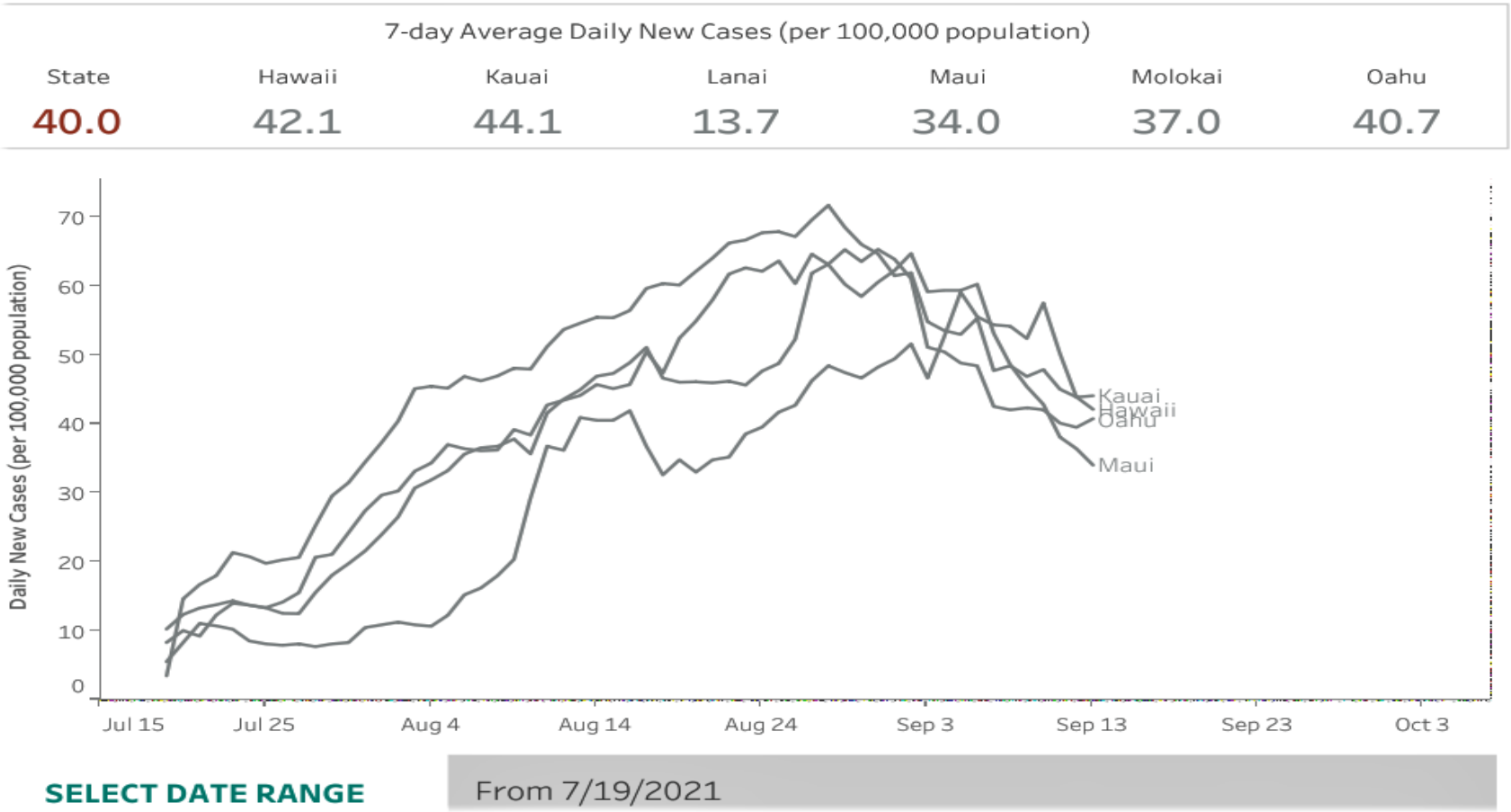


SELECT DATE RANGE

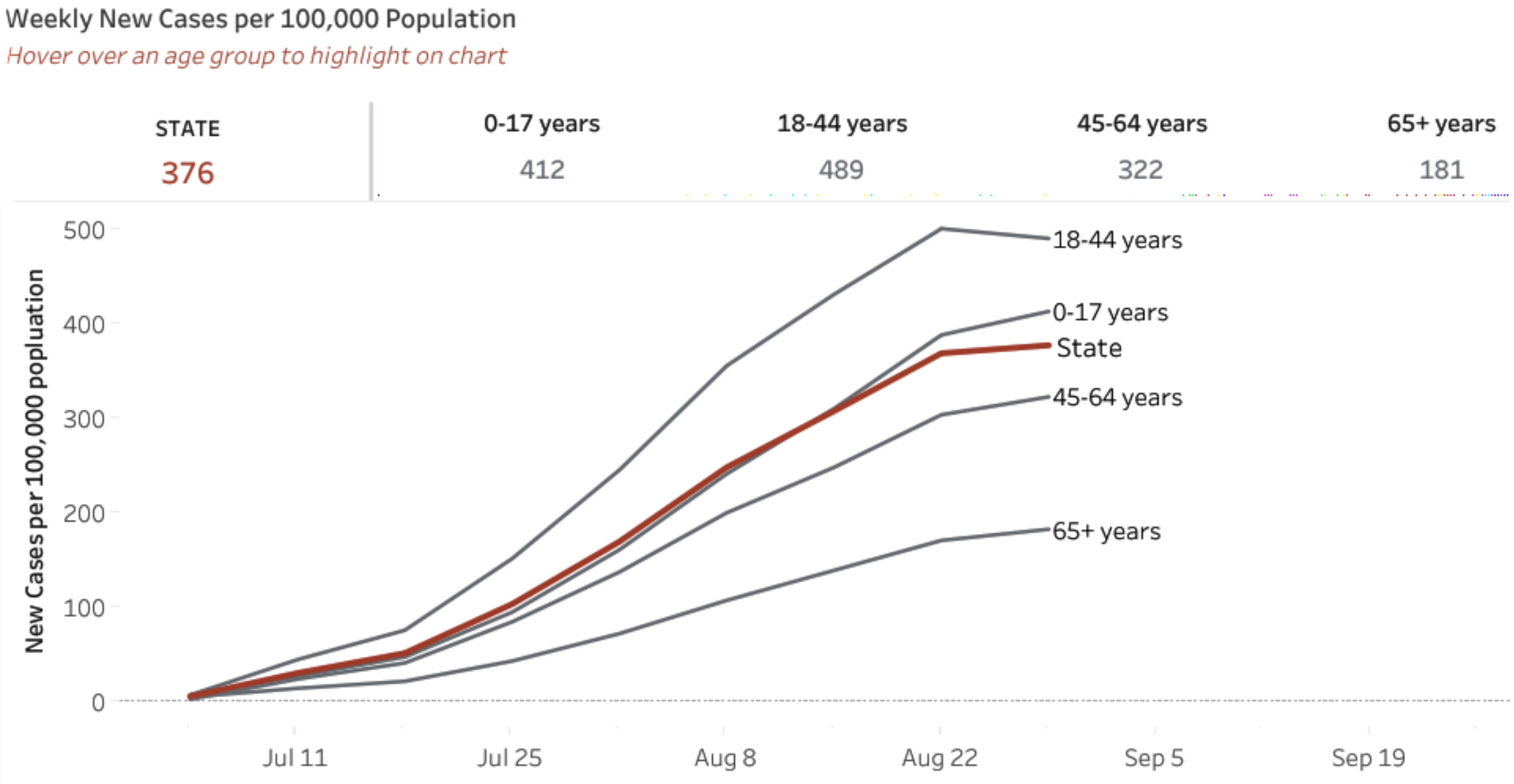
From 7/14/2021

8/29/21:	**Peak at**	**900**
9/15/21:	**Down to**	**570**

Region	Rate/100K	% Pos	Covid Cases by Island per capita (9/15/21)	
BI	42 (peak 70)	7.0 %	Prev highest x 6 wk.	Decline last 2.5 wk
Oahu	41 (peak 65)	8.1 %	Second highest x 6 wk,	Decline x 2 wk
Maui	34 (peak 65)	4.7 %	Recent decline	Decline x 1.5 wk
Kauai	44 (peak 60)	4.5 %	Most recent decline	Decline < 1 week



Hawaii Covid Cases by Age (per capita)



Oahu Covid Hosp past 13 months

Aug 2020 – Sept 2021

9/7/21: peak 350

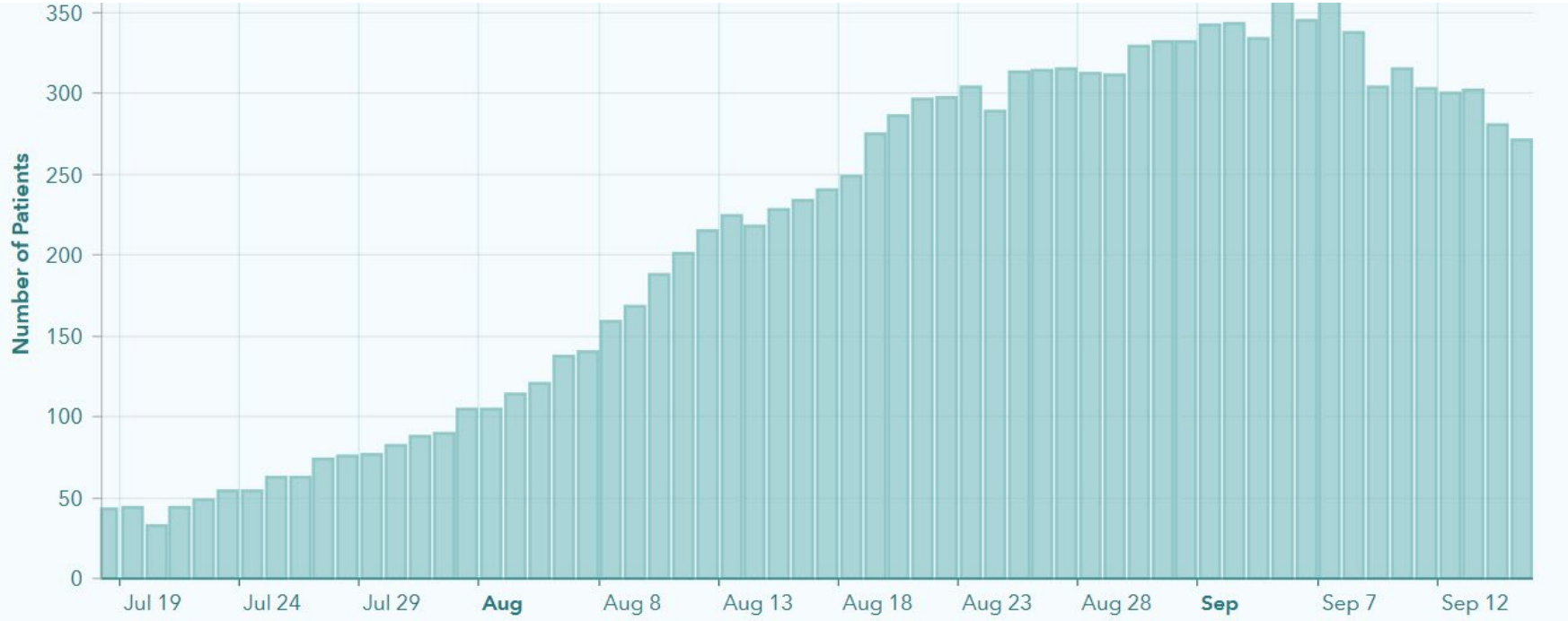
9/15/21 current 270

Aug 2020 peak 250

Oahu Covid Hosp past 6 weeks

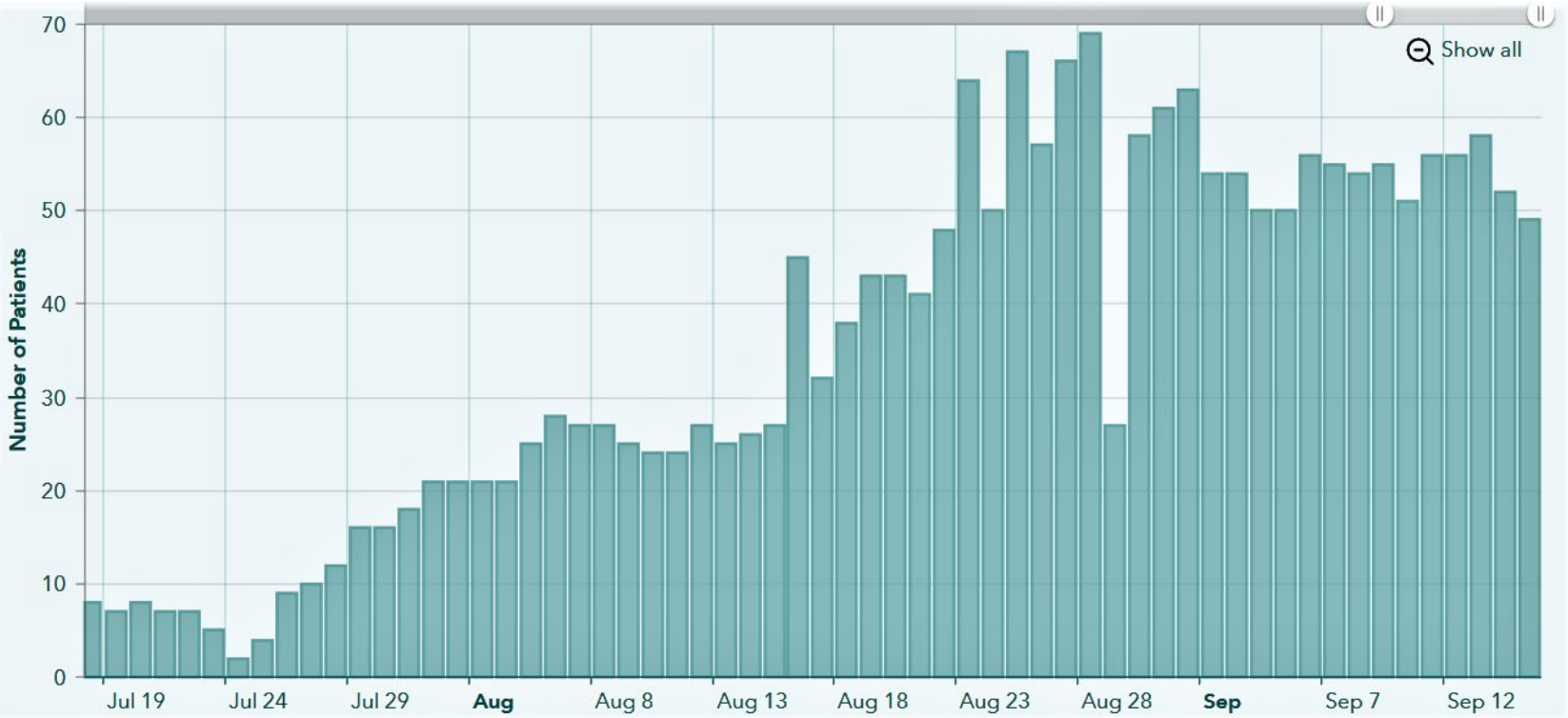
9/7/21: peak 350

9/15/21: current 270

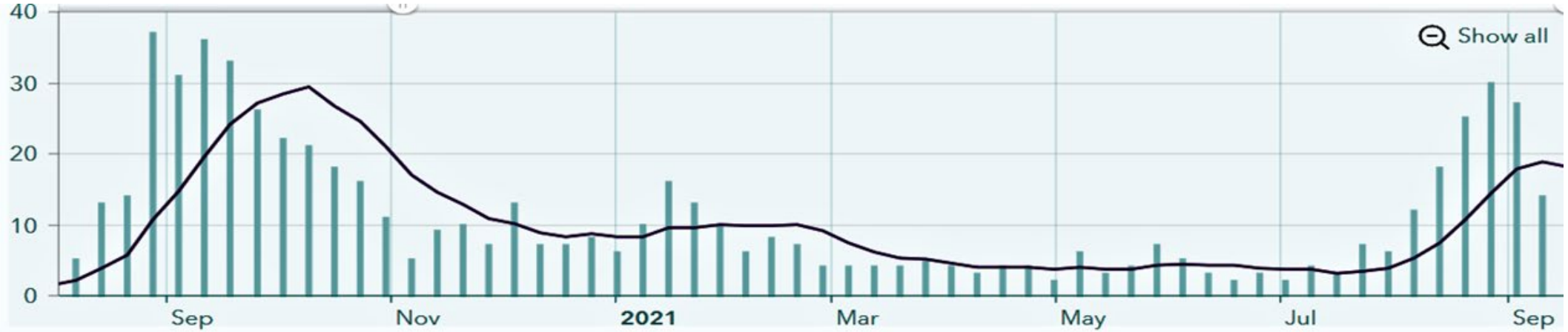


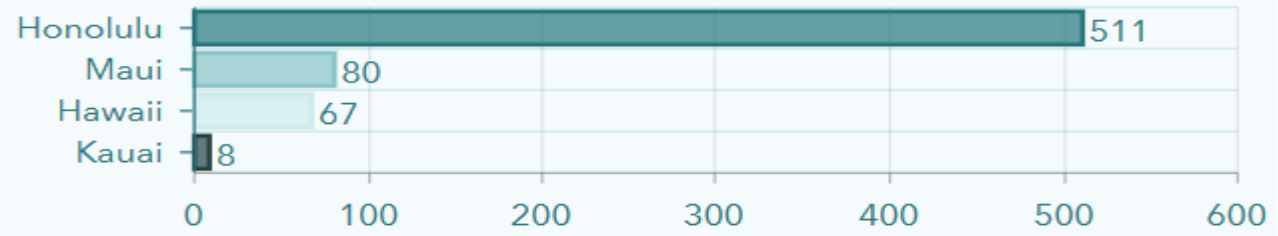
Maui Covid Hosp, peak 40, now 33
Updated 9/7/21

BI Covid Hosp peak 70 , now 55
Updated 9/7/21, error on 8/29.



Covid Mortality for Hawaii State (top) and Oahu (middle) 9-12-21

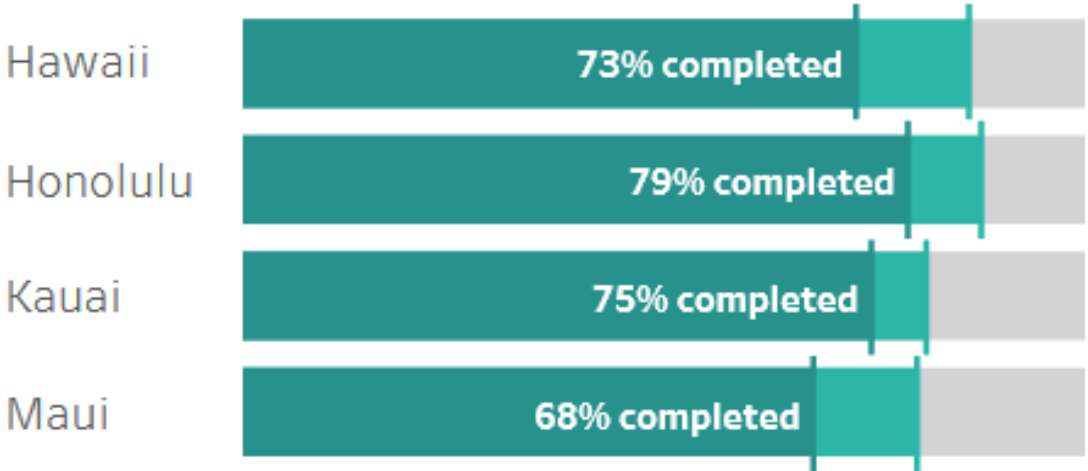


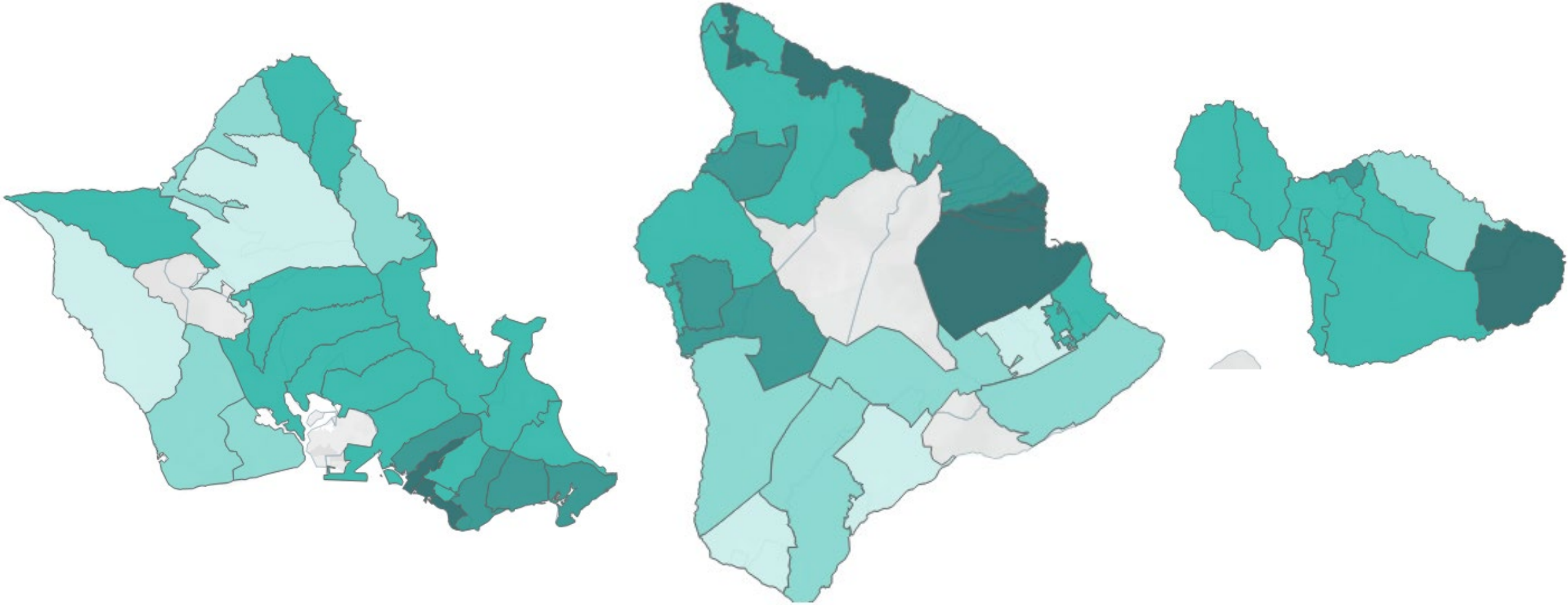


July 2020 – August 2021: **Total Hawaii mortality 13K, Covid Mortality ~ 670**
5 % Hawaii total mortality due to Covid

Hawaii Covid Immunizations (9/15/2021)

	12+ pop	Comment
State	77 %	Very high relative to other states, 4th highest state
Oahu	79 %	Highest vaccination rate
Big Island	73 %	3rd highest vaccination rate
Maui	68 %	Lowest Vaccination rate
Kauai	75 %	2nd Highest vaccination rate





Covid Vaccine Completed by Geography

Hawaii Covid Immunizations (9/5/2021)

	12+ pop	Comment
State	77 %	
Oahu	79 %	Highest vaccination rate
Urban Oahu	Higher	But Low Income areas lower than Maui rate
Rural Oahu	Lower	Lower than Maui rate
Big Island	73 %	3rd highest vaccination rate
Puna, Kau, South Kona	Lower	Lower than Maui rate
Maui	68 %	Lowest Vaccination rate
Kauai	75 %	2nd highest vaccination rate

Families less likely vaccinated = Rural, Low Income, NH/OPI, language/cultural barriers
Age: Children under 12 not able to get vaccine

Hawaii Covid Vaccination Rate and Ethnicity

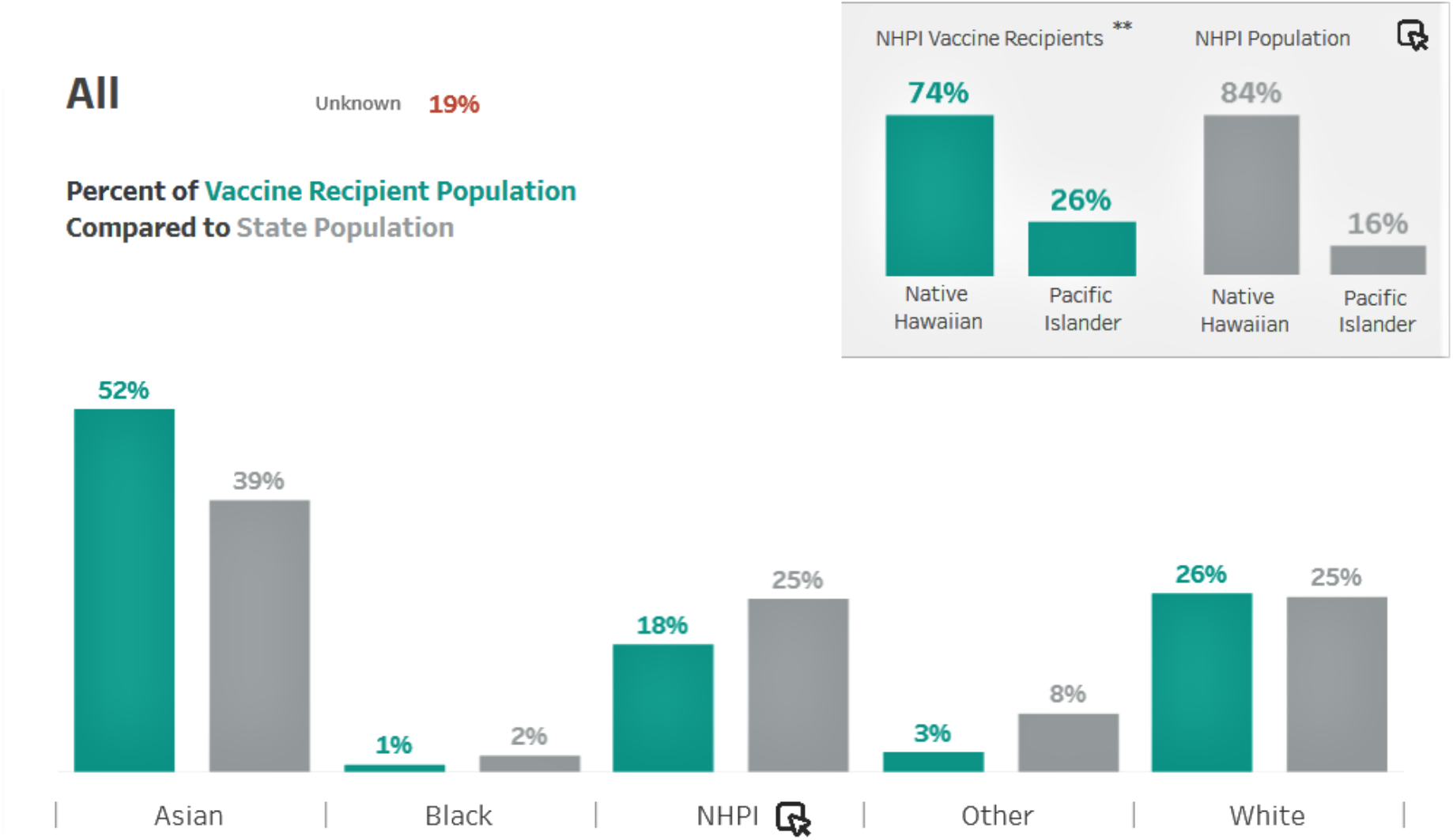
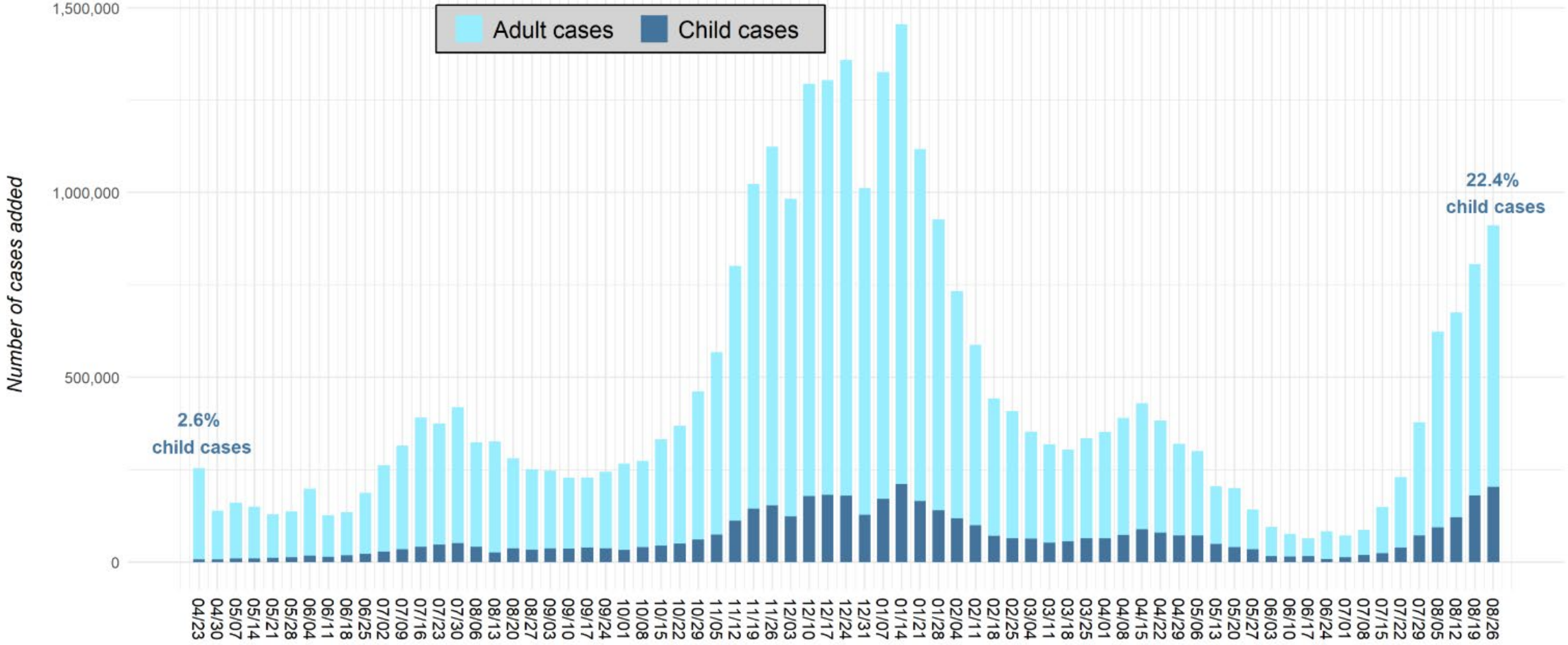


Fig 7. United States: Number of COVID-19 Cases Added in Past Week for Children and Adults*



Children: 1 % who have Covid are Hospitalized
Children Hospitalized correlate # Children Cases

Children: # Children Cases correlates with 2 factors
1) # Unvaccinated Adults
2) Type of govt restrictions

"Kids don't tend to drive what's going on; they tend to reflect what's going on in the surrounding community,"
American Academy of Pediatrics Committee on Infectious Disease, 2021

CDC: Delta variant causing increase in pediatric COVID-19 cases, not severity

Sign on door of staff restroom at Childrens Hospital of New Orleans.

Increasing COVID-19 hospitalizations among U.S. children and adolescents since the rise of the Delta variant*

Hospitalizations among ages 0–4

10x increase

Hospitalizations among unvaccinated adolescents

10x higher

than fully vaccinated

PREVENT COVID-19 AMONG CHILDREN

Everyone ages 2 and up:
Wear a mask in public indoor spaces,[1] schools, and childcare centers

Everyone ages 12 and up:
Get vaccinated

* During June 20-August 14, 2021
[1] In areas with substantial or high transmission

CDC

bit.ly/MMWR9321b

MMWR

Recommended Resources for CWS Staff and Caregivers

Good general reference site, user friendly, endorsed by American Academy of Pediatrics (AAP)

www.healthychildren.org

COvid-19 Information for Families

www.healthychildren.org/English/health-issues/conditions/COVID-19/

Other reminders

- What precautions do we take with delta
- Monoclonal antibody
- When to call PCP: review on next slide
- Masks: Gaitor vs Cloth vs Surgical/Medical

Children and Covid

- Majority children to well clinically, 1 % hospitalized
- Long Covid: less common in children, more common in adults
- Infectivity: children generally less infectious and less symptomatic than adults
- MIS-C: Very rare and subset of hospitalized children
- Children most affected group from Covid, not clinically but from societal standpoint
- Decreased amount activities for children
- Increase anxiety and stress for children

Resources

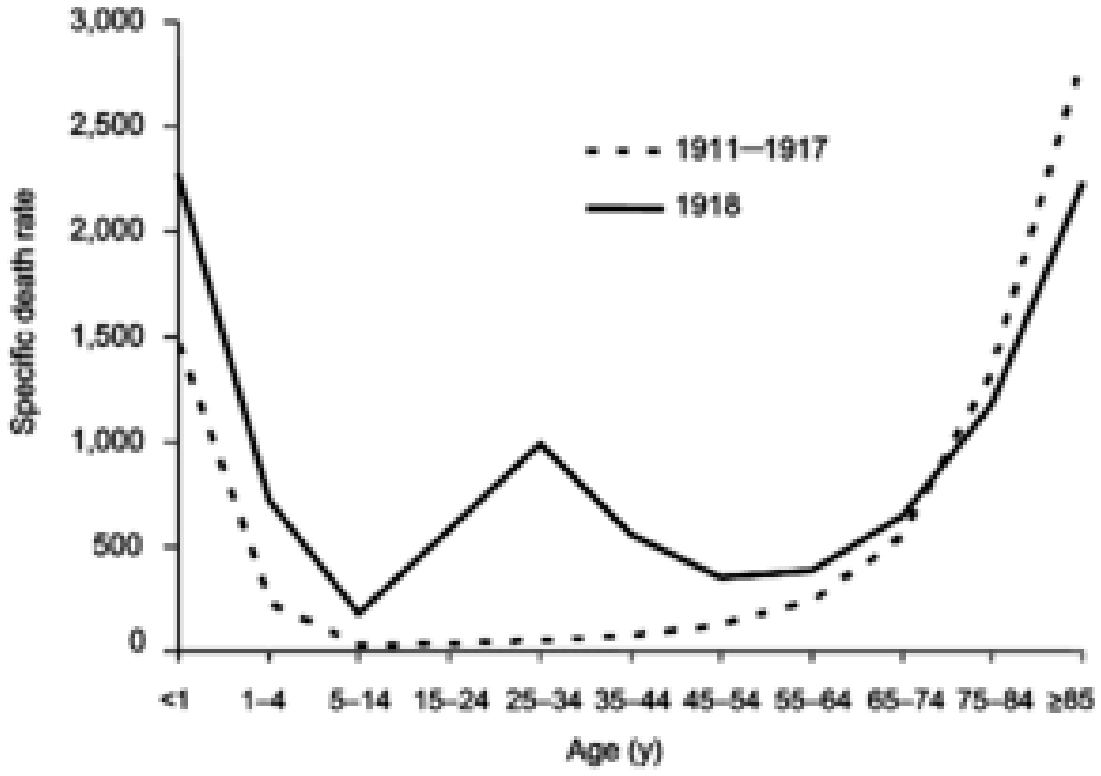
- Covid Vaccination Sites
- Covid Testing Sites: antigen test results quicker than PCR

  - www.oneOahu.org (better web site for Oahu)
    - GO to top right corner of home page and hover over Covid-19, pick testing or vaccine

  - www.Hawaiicovid19.com (better web site for neighbor islands)
    - Testing and vaccine links at top of home page
    - Can select by island, but if select Oahu takes you to www.oneoahu.org
    - Can select free testing sites takes you to link www.preventcovidhi.com

Age 18 +	=	Any of the three, Pfizer, J&J and Moderna
Age 12 -17	=	Limited to Pfizer

Once in a Century Pandemic



- 1919 Spanish Flu (H1N1):
  - Hawaii Mortality 2.3 K (pop 250K)
  - 1 % Hawaii mortality
- 2020-2021: Covid-19

  Hawaii Mortality 660 (pop 1.4 M)

  If 1 % mortality today = 14,000 deaths
- 1800's Smallpox
  - Much higher mortality than Covid and Spanish Flu

Smallpox and 1st Imm

Smallpox devastating disease

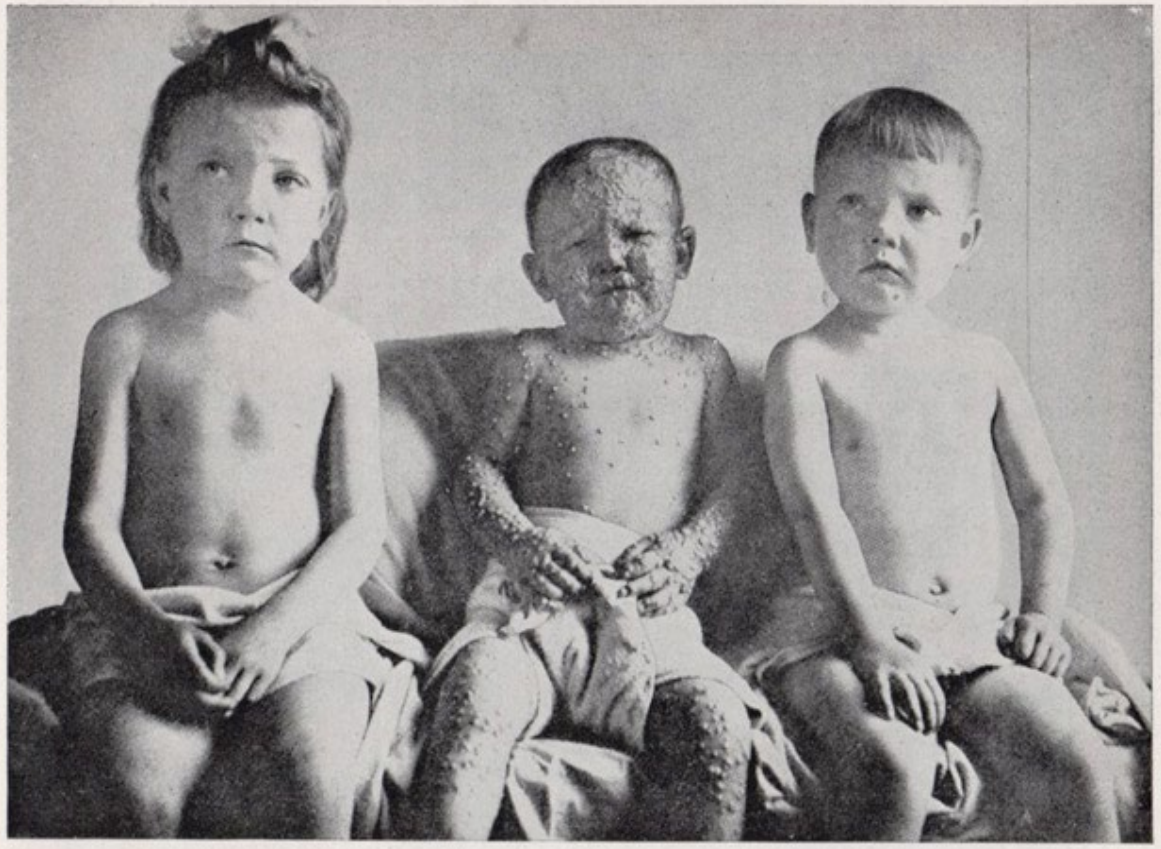
First Vaccine, 1796

Cowpox vs Smallpox

Vaccine: Latin Vacca = Cow

Smallpox eradicated: 1949 (U.S.)

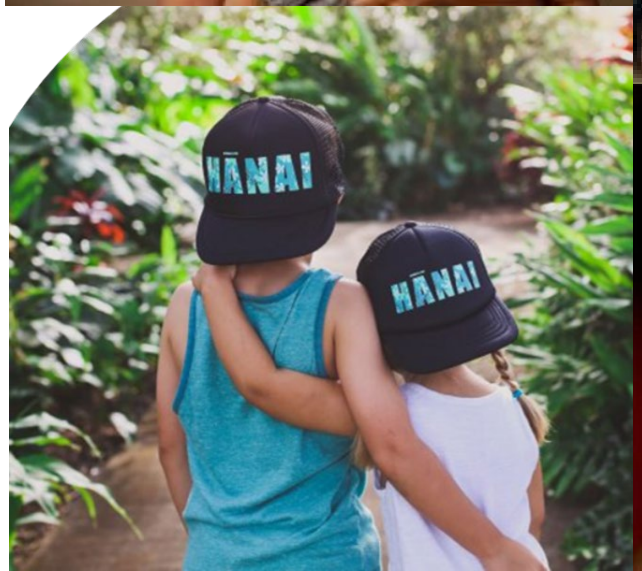
Mortality: Smallpox > > Spanish Flu > Covid



Courtesy of Welch & Schamberg

Three members of a family brought to the Municipal Hospital with the mother, who was suffering from small-pox. The child in the centre was unvaccinated; the other two had been vaccinated the year before because of the school vaccination requirements. These two children remained in the small-pox wards several weeks and did not take small-pox.

“In The Middle Of Every Difficulty Lies Opportunity”
Einstein



OHANA MEANS FAMILY.

FAMILY MEANS NOBODY GETS LEFT BEHIND OR FORGOTTEN.

- LILO & STITCH

V. State Plan Amendment Presentations and Discussions

Judy Mohr Peterson, PhD
Med-QUEST Administrator

Med-QUEST Healthcare Advisory Committee
Wednesday, September 15, 2021

SPA 21-011 (update) APR DRG Implementation Date Change – APR DRG implementation date **change from 1/1/2022 to 7/1/2022.**

Background – APR-DRG methodology

- Change the current payment methodology for inpatient hospital services from per diem methodology to "All-Patient Refined Diagnosis Related Groups (APR DRGs)" payment methodology.
- Encourage access to care, reward efficiency, improve transparency, and improve fairness by paying similarly across hospitals for similar care.
- APR DRGs classify hospital inpatient stays into clinically meaningful diagnostic groups with similar average resource requirements. APR DRGs provide a mechanism for healthcare payers to make a single case rate payment for similar services provided in a hospital inpatient stay.

Why?

- Requires sufficient focus and time from both hospitals, health plans and MQD technical and analytic staff.
- COVID-19 surge is requiring these same groups to focus on dealing with the surge, not a new methodology.
- Use additional time as opportunity to do more testing etc. to ensure we have a smooth transition.

Public Comment

Med-QUEST Division

21-0012 Pharmacy and Preventative Services – This amendment defines and clarifies Pharmacy Services, what it covers, by whom and how services are provided.

Background: Changes in laws at the federal and state level allow pharmacists to administer and bill for certain services such as vaccine administration. Pharmacy can already bill, and this clarification will also include services provided by the pharmacist

SPA language:
"2) Pharmacy Services that includes services provided by a licensed pharmacist within their scope of practice with the following limitations:

- Pharmacists must have appropriate training that includes programs approved by the Accreditation Council for Pharmacy Education (ACPE), curriculum-based programs from an ACPE-accredited college of pharmacy, state or local health department programs or programs recognized by the board of pharmacy;
- Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Limited to medically necessary services only."

Public Comment

Med-QUEST Division

21-0014 Disproportionate Share Payments for Disproportionate Share Hospitals

This amendment proposes changes to the payment methodology for distribution of Medicaid Disproportionate Share Hospital funds to reflect a more equitable distribution.

Background: Medicaid disproportionate share hospital (DSH) payments are statutorily required payments intended to offset hospitals' uncompensated care costs to improve access for Medicaid and uninsured patients as well as the financial stability of safety-net hospitals. Each state receives a DSH allotment. Each state describes how they will calculate uncompensated care as well as how they will distribute those dollars.

SPA language:

"Effective 10/01/2021, only for purposes of distribution of funds, each hospital's uncompensated costs will be adjusted as follows:

a. Medicaid uncompensated costs will be limited to lower of Medicaid shortfall or all payments received for Medicaid claims.

b. The uninsured uncompensated costs will be limited to lower of uninsured shortfall or Net Hospital Inpatient and Outpatient revenue less Medicaid Net Hospital Inpatient and Outpatient revenue."

Why? The prior methodology may have resulted in a hospital receiving more in DSH payments than what they billed for as some hospitals do not bill for all services provided. This would likely lead to potentially inequitable distribution of DSH allotment.

Public Comment

Med-QUEST Division

21-0015 Hospice Methodology Clarification - Creates a new page for the Hospice Payment section in the state plan to clarify the payment methodology and to minimize administrative burden.

SPA language:

~~Reimbursement for hospice services shall be based on the rates established under Medicare, adjusted to disregard cost offsets attributable to Medicare coinsurance amounts. The rates, which went into effect on October 1, 1990, will continue through December 31, 1990.~~

Payment for hospice services is made to a designated hospice provider based on the Medicaid hospice rates published annually in a memorandum issued by the Centers for Medicare & Medicaid Services (CMS), Center for Medicaid and CHIP Services. Additionally, the rates are adjusted for regional differences in wages using the hospice wage index published by CMS.

....

Hospice nursing facility room and board per diem rates are reimbursed to the hospice provider at a rate equal to 95% of the skilled nursing facility rate, less any Post Eligibility Treatment of Income (PETI) amount, for Medicaid clients who are receiving hospice services. The hospice provider is responsible for passing the room and board payment through to the nursing facility.

....

Why? Changes in laws since the original SPA language (struck out language) is much more detailed and prescriptive on how Medicaid is required to pay for hospice services. We direct the health plans to follow this methodology. Even though this methodology is prescribed by federal rules, CMS insisted that we do a lot of extra work because we were directing the health plans to pay in this way unless we changed our state plan to include the updated, prescribed methodology.

Public Comment

Med-QUEST Division