

# Resources for Managing Infections in Community Care Facilities

Chandana Das, MD and the  
LAC DPH Mobile Therapeutics Program





# Agenda

- COVID-19 bivalent boosters
- Influenza
- Respiratory Syncytial Virus (RSV)
- Los Angeles County Department of Public Health (LAC DPH)  
Mobile Therapeutics Program (MTP)



# COVID-19 Bivalent Boosters

- EVERYONE NEEDS THE COVID-19 BIVALENT BOOSTER!
- The elderly and immune compromised are the most vulnerable to hospitalization and death from COVID-19 infection.
- It's not about you, it is about them.
- To request our mobile vaccine team to schedule a COVID-19 vaccine clinic, fill out this survey:  
[https://forms.office.com/pages/responsepage.aspx?id=SHJZBzjqG0WKvqY47dusgdx\\_Z-BmV2ZKs4sEsvqeRoVUMjlWSlcxME03VjFQTTdEQIJBNEUwMUxUMC4u&web=1&wdLOR=c1A7F29DD-3260-4295-8B1E-4961CDBF7493](https://forms.office.com/pages/responsepage.aspx?id=SHJZBzjqG0WKvqY47dusgdx_Z-BmV2ZKs4sEsvqeRoVUMjlWSlcxME03VjFQTTdEQIJBNEUwMUxUMC4u&web=1&wdLOR=c1A7F29DD-3260-4295-8B1E-4961CDBF7493).



# Influenza

- EVERYONE ELIGIBLE NEEDS THE INFLUENZA VACCINE!
- For loads of information on influenza, see our webpage:  
<http://publichealth.lacounty.gov/acd/flu.htm>.
- Anyone even suspected of having influenza should receive therapeutics, so contact the resident's physician right away!
- To request our mobile vaccine team to schedule a vaccine clinic for flu vaccine, please email us at  
[LTC\\_NCoV19@ph.lacounty.gov](mailto:LTC_NCoV19@ph.lacounty.gov).



# Respiratory Syncytial Virus (RSV)

- THERE IS NO VACCINE FOR RSV!
- You can find more information on RSV at our webpage:  
<http://publichealth.lacounty.gov/acd/diseases/RSV.htm>.
- The CDC also has a great webpage with information about RSV, particularly a page on the effects of RSV on older adults:  
<https://www.cdc.gov/rsv/>.

# Making COVID-19 Treatment a Priority for Vulnerable Individuals

**COVID-19 Mobile Therapeutics Program (MTP)**  
Department of Public Health

**Presented to CCF Communities and Stakeholders**

January 17<sup>th</sup>, 2023



## The MTP Team

- Franklin Pratt, MD
- Naila Khalaf, MD
- Nicholas Degner, MD
- Shekeila Nolen, RN
- BreAnna Kruyer, LVN
- Ivonne Lugo, LVN
- Karen Mendez, LVN
- Cheyenne Carson, LVN
- Ercilia Lopez, LVN
- Linh Nguyen The
- Carson Blomquist





# Overview

- I. What MTP does
- II. Why MTP?
- III. The MTP Model
- IV. Why Community Care Facilities?





## What Does MTP do?

### Purpose:

- To provide onsite evaluation and treatment for COVID-19, focusing on the underserved population and vulnerable individuals residing in care facilities.
- To facilitate access to COVID-19 oral therapeutics in a time-sensitive period of 5 days or less from symptoms onset and a positive test within 10 days.



## Why MTP?

- Being mobile, the MTP team is set to deliver COVID-19 care to CCF locations anywhere across Los Angeles County.
- MTP provides timely treatment for COVID-19, which shortens time to recovery and lowers chance of more infections in CCFs.
- MTP team dispenses COVID-19 oral medication to all eligible patients immediately, onsite.
- Our services are free of charge, regardless of insurance status.



## The MTP Model

- MTP Model - equity, feasibility, and accessibility to deliver COVID-19 oral treatment to eligible individuals.
- MTP - boost response to the COVID-19 pandemic among CCF communities right away.

## Why Community Care Facilities?

- CCF residents are a vulnerable population.
- Access to COVID-19 medications is difficult and frustrating.
- Timely access to PCPs is hard.
- Nationally, 1 in 10 infected CCF residents died so far.
- CMS Data as of December 2022.

1,456,344

Total Resident COVID-19 Confirmed Cases

162,559

Total Resident COVID-19 Deaths

1,494,341

Total Staff COVID-19 Confirmed Cases

2,913

Total Staff COVID-19 Deaths

<https://data.cms.gov/covid-19/covid-19-nursing-home-data>



## COVID-19 Oral Treatments

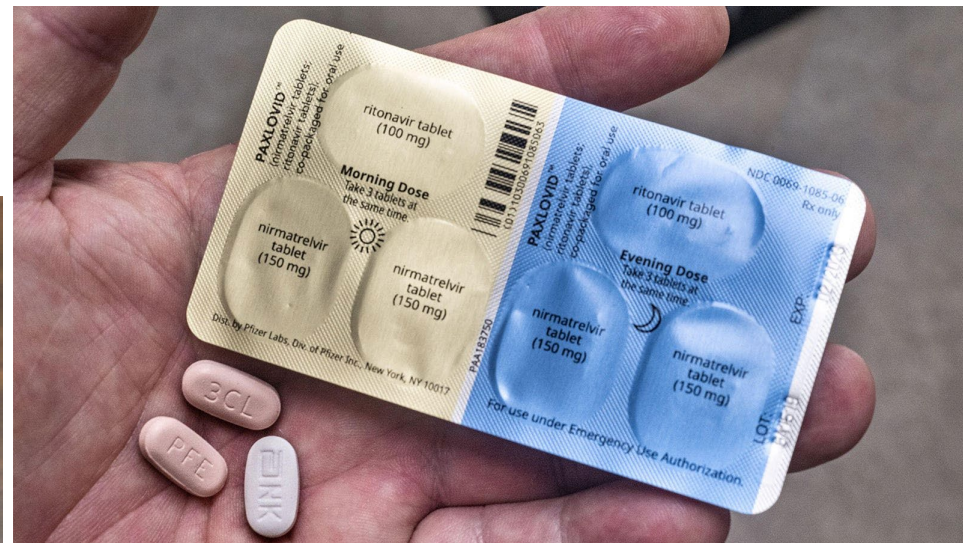
- Currently - two oral treatments under EUA to treat COVID-19 within 5 days of symptom onset and 10 days from a positive test.
- Treatment is one 5-day course of PAXLOVID or MOLNUPIRAVIR.

### **EUAs**

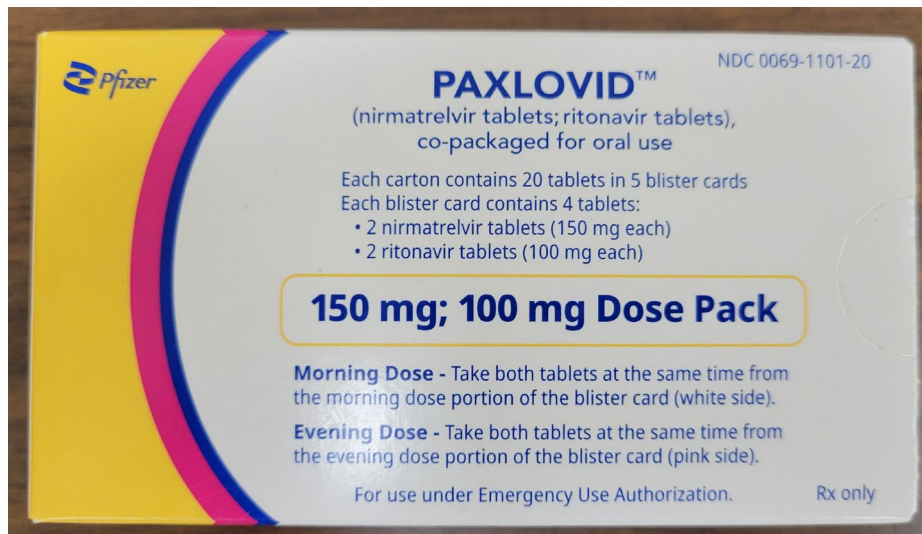
- Paxlovid - <https://www.fda.gov/media/155050/download>
- Molnupiravir - <https://www.fda.gov/media/155054/download>

# Paxlovid

- PAXLOVID is highly effective, with multiple drug to drug interaction. Given in 10 doses . Each dose is taken every 12 hours for 5 days.



<https://assets.medpagetoday.net/media/images/100xxx/100382.jpg>



# Molnupiravir

- MOLNUPIRAVIR is less effective, with fewer drug to drug interaction given similarly to PAXLOVID as 10 doses. Each dose is taken every 12 hours for 5 days.



# Eligibility Requirements



<https://www.gettyimages.com/detail/photo/nurse-tending-patient-in-intensive-care-royalty-free-image/91156547?adppopup=true>





## Eligibility Requirements

- Currently experiencing symptoms.
- Past medical history\* which puts the patient at risk for developing severe COVID-19 such as:
  - ✓ Heart disease
  - ✓ Mood disorders
  - ✓ High blood pressure
  - ✓ Diabetes
  - ✓ Physical inactivity
  - ✓ Asthma

\*not limited to the conditions listed above



## Ineligibility Factors

- Currently on dialysis.
- Recent use (within the last 30 days) of antivirals (Paxlovid or Molnupiravir).
- Symptom onset greater than 5 days.
- Positive COVID-19 test older than 10 days.
- Weight less than 88 lbs.
- Aged under 12.



## Pre-visit Process

- MTP nurse team will respond to the facility's initial communication. A set of information will be collected in a timely manner to determine eligibility for a site visit.
- Once a facility is eligible for MTP services, a team consisting of one physician and two nurses will visit the facility to complete the evaluation and dispensing medications to eligible patients.



## Communication

- Microsoft Form submission once threshold of 3 positive and symptomatic persons is reached *AND* PCP has been notified of patient's positive result.
  - <https://forms.office.com/g/Zp8UaciEEL>
- Preferred valid contact information for Facility Administrator
  - Phone Number
  - Email Address
  - Facility Address



# Interest Form Questions

1. Facility Name \*

Nombre de la instalación

Enter your answer

2. Facility Address \*

Dirección de la instalación

Enter your answer

3. Facility Phone Number \*

Número de teléfono de la instalación

Enter your answer

4. Facility\_Contact Name (Preferably the Facility Administrator) \*

Nombre de contacto

Enter your answer

5. Facility\_Contact Phone Number

Teléfono de contacto

Enter your answer

6. # of Positive Patients \*

# de pacientes positivos

The value must be a number

7. # of Positive Employees \*

# de empleados positivos

The value must be a number

8. Are any of the patients conserved? (Consent from Healthcare Power of Attorneys is REQUIRED to proceed with scheduling) \*

¿Alguno de los pacientes se conserva? (Se REQUIERE el consentimiento del poder notarial de atención médica para proceder con la programación)

Yes (Si)

No



## Interest Form Questions (2)

9. Do any of the patients have a Medical Decision Maker? (Copies of documentation will be REQUIRED) \*

¿Alguno de los pacientes tiene un tomador de decisiones médicas? (Se REQUERIRÁN copias de la documentación)

Yes (Si)

No

10. Does your facility have an outdoor space for our Team to set up clinic? Please provide a description. \*

¿Su instalación tiene un espacio afuera libre para que nuestro equipo instale la clínica? Proporcione una descripción.

Enter your answer

11. Do you have access to each patient's demographic information - e.g., patient's name, DOB, gender? Face Sheets are PREFERRED. \*

¿Tiene acceso a la información demográfica de cada paciente, por ejemplo, nombre del paciente, fecha de nacimiento, sexo? Las hojas de cara son PREFERIDAS.

Yes (Si)

No

12. Additional Comments

Comentarios adicionales

Enter your answer

Submit



## Mandatory Forms

- For any patient that is not verbally able to communicate their medical history and/or current medications:
  - Power of Attorney
    - For all conserved patients
  - Medical Decision Maker
  - Consent for Medical Treatment (dated/reviewed within the last year)
  - Compliance with EUA requirements



# DSS Consent Form for Emergency Medical Treatment

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING

## CONSENT FOR EMERGENCY MEDICAL TREATMENT- Adult and Elderly Residential Facilities

AS THE CLIENT, AUTHORIZED REPRESENTATIVE OR CONSERVATOR, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER  
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE INDIVIDUAL NAMED ABOVE.

CLIENT HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_

DATE

\_\_\_\_\_

CLIENT/AUTHORIZED REPRESENTATIVE/CONSERVATOR SIGNATURE  
(CIRCLE APPROPRIATE TITLE)

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

LIC 627C (ENG/SP) (4/00) (CONFIDENTIAL)





## Intake Forms

- Preferred to have the intake form completed prior to the MTP team deploying to the facility:
  - Either
    - a) Word Document
    - b) Electronic form via link -  
<https://dphredcap.ph.lacounty.gov/surveys/?s=TMW3FXMYM9>
- Increases efficiency of the nursing staff and decreases the amount of exposure time for the nurses and providers.

## Location

- Outside location that provides for privacy.
- Decreases degree of exposure to the nurses and providers.



<https://www.aafp.org/dam/AAFP/images/journals/content/GarciaTentPicture.png>



## Contact Information and DPH Resources

- DPH COVID-19 Mobile Therapeutics
  - [mobiletherapeutics@ph.lacounty.gov](mailto:mobiletherapeutics@ph.lacounty.gov)
  - Mobile Therapeutics Main Line, 323-236-9011  
from 8:00AM-4:30PM, MON-FRI
- DPH COVID-19 Therapeutics Telehealth
  - DPH Call Center, 833-540-0473  
from 8:00AM-8:30PM, MON-SUN
- 211
  - <https://211la.org/>
- Franklin Pratt, MD – MTP Program Director  
[fpratt@ph.lacounty.gov](mailto:fpratt@ph.lacounty.gov), (323) 246-6170

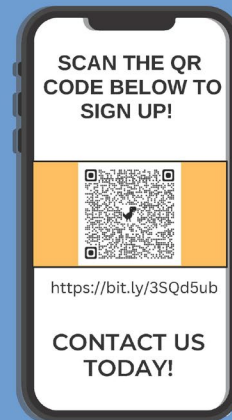


# MTP Flyer

## MOBILE THERAPEUTICS AVAILABLE FOR YOUR COMMUNITY CARE FACILITY!



IF YOU HAVE 3 OR MORE PATIENTS THAT HAVE COVID-19 SYMPTOMS AND TESTED POSITIVE IN THE LAST 5 DAYS, WE CAN PROVIDE ONSITE EVALUATION AND TREATMENT.



MOBILE THERAPEUTIC MAIN LINE  
323-236-9011  
FROM 8:00AM-4:00PM | MON-FRI



DPH CALL CENTER:  
833-540-0473  
FROM 8:00AM-8:30PM | SAT-SUN



DPH EMAIL:  
MOBILETPNURSE@PH.LACOUNTY.GOV



# Questions

- Q&A with Franklin Pratt, MD.

