Medical Society of the State of New York
Committee on Infectious Disease
April 29, 2020
Draft Minutes

Present
William Valenti, MD Chair
James Braun, MD Co Vice-Chair
Karen Myrie, MD, Co Vice-Chair
Janine Fogarty, MD. Asst. Commissioner
Philip Kaplan, MD
Carmen Rodriguez, MD
Richard Schoor, MD
Monica Sweeney, MD

Excused
Joshua Cohen, MD Commissioner

Absent
James Braun, MD
Mary Ruth Buchness, MD
Wehbeh, Wehbeh Anis, MD
Joan Cincotta, Alliance

Invited Guests
Elizabeth Dufort, MD, FAAP, New York State Department of Health, Medical Director, Division of Epidemiology
Arthur Fougner, MD Past-President
Bonnie Litvak, MD President
Parag Mehta, MD Vice-President

Staff
Phil Schuh, Executive VP
Patricia Clancy, VP Public Health and Education
Maureen Ramirez, Admin. Asst.

1) Welcome

2) Adoption of January 23, 2020 Minutes – accepted

3) Covid-19 Pandemic: Presentation by Elizabeth Dufort, MD, FAAP, New York State Department of Health, Medical Director, Division of Epidemiology – The department of health support doctors in the process of reopening their practice. How to get back to some semblance of "normal"? The NYS Department of Health has taken a serious approach to ramp up the testing by pushing the federal government to assist with the testing and ramping up the process of testing at the Wadsworth Lab. Dr. Dufort indicated that a lot of progress has been made and it is important to share testing access with community physicians and share information on where and when physicians can send patients to be tested. Early on there were concerns from physicians over lack of PPE and therefore remote testing sites were established. There are over 30 sites statewide that test of 500+ patients a day. That was an attempt to off load the burden from physicians that were reporting that they just didn't have the capacity or the kits or the PPE or the ability to do it safely within their practices. As of this date almost a million tests have been performed, which is a big big portion of the national tests that the federal government talks about. With a daily testing rate of about 30,000 tests a day is a long way from the beginning of March. The state lab has been working aggressively. Dr. Dufort reported that there are indications from physicians whose practices are able to test, that they are having difficulty getting the kits, getting the swabs. The original capacity that the Wadsworth Lab had was limited, but they are expanding that capacity every day and performing high quality serological tests for IGG on dried blood clots. The dried blood clot method was evaluated and validated. It is expected next week or the following they will be able to perform about 5,000 of those a day. Those are massive improvements from where we were, but given the size of this state, it is obviously not enough. They are prioritizing healthcare workers, in the downstate region understandably, other essential personal like NYPD.

Dr. Dufort asked the members if they would like to comment on access or availability issues, so she can bring that information back to the department. One committee member commented in her community that if was difficult to find out where testing is available and asked are there any resources available so that people can find out where they can be tested. Early on there was a list on the DOH website of testing locations and they kept changing on a daily basis, so it got to a point where it was impossible to keep up with the website. Dr. Dufort indicated the importance of access of those lists to physicians. People were then encouraged to call the DOH call center where they would get the information on the test site, hour[7/F2 11.04 Tf1 0 0 1 229.25 685 Tm0 g0

The big “ask” is that the health department involve community physicians in the conversation and in the testing. Dr. Dufort responded that early on in the process, doctors were asking for remote test sites. They couldn’t have infected patients coming to their office and infecting other patients. They didn’t have adequate PPE’s – gowns, masks, etc. Now, it is important to involve that community physicians so that the information can be gathered and shared. The executive order to allow the pharmacies to do the testing as a follow up to the federal push for the pharmacy testing, was to allow an expansion of testing within the state at a time where it was sorely needed. It is uncertain how much control the DOH would have over the pharmacy testing.

Dr. Litvack commented that the message needed to go back to the DOH and there is an army of community physicians that are ready, willing and able to do the testing They would need the tests and the proper PPE for that to happen, so that they can take proper care of their patients. There was a question whether the Department of Health had an algorithm regarding testing. Dr. Dufort responded that there is a prioritization in place. Health care workers are at the top, then symptomatic people, then other – asymptomatic contacts. This algorithm is used at state run sites, which is why you might have patients who might wait quite some time to get an appointment. If they were symptomatic at the earlier stage, they may have had to wait six days. In the early stage the call center was getting 40,000 calls per day when the normal flow might be 100. The algorithm was just revised to not just include health care workers but frontline workers as well. Serology is not yet used for an initial diagnosis because there isn’t enough data on that yet. If they missed the opportunity for a molecular test, due to lack of availability then the serological test can be used to give a sense of antibody production after the fact. Dr. Dufort asked Dr. Valenti if he knew of anyone in the academic world had developed an algorithm for that? Dr. Valenti said he didn’t know of anyone, but he had one in his head that he’d be happy to share. He commented that there was indeed an army of physicians ready and willing to assist with the testing.

Dr. Valenti acknowledged the pharmacy piece in the testing, but indicated there still needed to be a medical piece in that process, so that the patient understand the results they’ve been given. What does this mean? Do I go to work? Should I go to work? There is an opportunity here to advance the discussion for the provider and the patient. There is a serology Q & A on the DOH website. Even though it is brief because there is a lot that is unknown. There are still many things that are unknown.

Shifting the conversation to messaging to the patients. Patients are delaying treatment and going into the physicians’ office. How does the message get out to the patients to allow them to get the routine treatment that they need? Importantly vaccines and routine physicals. At the time when a vaccine is developed, there needs to be a look at how that vaccine will be distributed. Also, how can patients keep themselves well in the face of COVID19?

Dr. Dufort indicates that there have been problems with messaging. Things need to shift back to quality healthcare and how to get it. There is a sense that the DOH and MSSNY are on the same page regarding getting the information out to the community regarding their health and that perhaps there needs to be public information campaigns regarding the “un-pausing” of New York. Dr. Kaplan asked “when” a COVID19 vaccination is ready, effective distribution will be the key. He suggested a mandatory adult registry. If it were built and functioning **before** the arrival of the COVD vaccine, it would enhance the ability to target the initial vaccine supply which is likely to be smaller than we’d like. It will be the largest vaccine effort ever done in the shortest period of time to the whole population. A second part of vaccine policy he would like everyone to think about is that, like the H1N1 vaccine in 2009, the COVID vaccine should be for the public good rather than a commercial product. The Department of Health, along with the Medical

Society, were very effective in 2009 in getting the vaccine to the hospitals and the physicians offices. It was very effective in getting many people immunized. The DOH used to come to MSSNY offices once a week for conference calls with physicians regarding distribution of this vaccine. Dr. Dufort indicated that there has already been discussion at DOH regarding having the patient information in the system prior to the arrival of the vaccine. There is work being done and discussions occurring regarding distribution of the vaccine and referring back to 2009, what was done correctly, what needs to be changed. There seems to be many things to be learned from responses of the past. Collaboration and proper education being a key.

Dr. Valenti asked if there was anything else MSSNY could be doing to assist the effort? There was a question about physician wellness. The DOH has referred people to MSSNY's Physician's Wellness Program. Also, the DOH has referred people to MSSNY's peer to peer program. MSSNY is in discussion regarding a statewide Peer to Peer program. MSSNY worked with the AMA to put out a survey checking on physician's wellness. The data has not been gathered at this point in time. MSSNY has given programs on physicians' depression and suicide. Dr. Dufort asked if Pat Clancy could send her any links for a program she is presenting. Pat Clancy indicated she would send the links and stated the reminder that any physician can access these programs on MSSNY's CME website free of charge.

The last question was regarding resurgence after the first wave. Dr. Dufort indicated that she felt it was connected to the physicians having access to the testing results, so that can be monitored. There is a program that monitors emergency room visits regarding influenza and COVID has been added to that. The creation of weekly reports to providers, similar to the influenza reports, so that providers would be updated weekly on occurrence.

4) General Discussion on the current and future situation regarding Covid 19 – Physicians have always been considered an essential service. Physicians offices were not required to close, but many did for obvious reasons. What would the committee recommend to assist with this re-opening process? The topics of signage, spacing and positive messaging to patients to allay their fears about going back to the doctor's office. The requirement of masks for both patients and office personnel. Dr. Valenti indicated that the advice from the California Medical Association was quite practical regarding the steps to take to reopen your practice and the first one was - consult your local health department for advice.

There is advice on financial issues, safety protocols and telehealth. A discussion on committee members experiences with telehealth followed. 95% of patient visits have been via video. What are the possibilities that this will remain in the future?

5) Old Business – has been postponed to the next meeting

6) Next Meeting October 15, 2020