Welcome to the webinar

Prevention and Treatment of COVID-related Thrombosis in Skilled Nursing Facilities

The webinar will begin at 10:30

July 9, 2020
Prevention and Treatment of COVID-related Thrombosis in Skilled Nursing Facilities

COVID-19 Workshop Series

July 9, 2020
Housekeeping and Requests

For today’s call, everyone is muted.

- Please use the Chat box (right side of your screen) for questions and comments.
  - This webinar will be presented in an interview style, question and answer format and is intended to be conversational versus PowerPoint based. Although we have a variety of questions prepared, we want to answer YOUR questions – please type questions in the Chat box and send to “all participants”

- If we are unable to get to your question today, we will follow up with you

- Use to the Chat box to let us know who’s here today – your name, organization and role
The IPRO QIN-QIO
Who We Are

The IPRO QIN-QIO
• A federally funded Medicare Quality Innovation Network – Quality Improvement Organization
• 12 regional CMS QIN-QIOs nationally

IPRO:
New York, New Jersey, Ohio

Healthcentric Advisors:
Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island

Qlarant:
Maryland, Delaware, District of Columbia

Working to ensure high-quality, safe healthcare for 20% of the nation’s Medicare FFS beneficiaries
The IPRO QIN-QIO

Quality Innovation Network – Quality Improvement Organizations (QIN-QIOs)

- Bring together healthcare providers, stakeholders, and Medicare beneficiaries to improve the quality of healthcare for targeted health conditions
- Work toward better care, healthier people & communities, and smarter spending
- Catalyze change through a data-driven approach to improving healthcare quality
- Collaborate with providers, practitioners and stakeholders at the community level to share knowledge, spread best practices and improve care coordination
- Promote a patient-centered model of care, in which healthcare services are tailored to meet the needs of patients
Our Speakers

• Geoff Barnes, MD is a cardiologist and vascular medicine specialist at the University of Michigan Health System. He completed medical school and his internal medicine residency, cardiology fellowship and vascular medicine fellowship at the University of Michigan. His areas of research interest include anticoagulation, venous thromboembolism, quality improvement and shared decision making. He is also a member of the Board of Directors of the Anticoagulation Forum.

• Darren Triller, PharmD is a clinical pharmacist and Drug Safety Aim Lead for IPRO’s 12-state QIN-QIO network. He has collaborated with Dr. Barnes, the Anticoagulation Forum, and other anticoagulation thought leaders to develop, implement and spread tools to enhance the safety and quality of anticoagulation management across care settings.
Objectives

- Review the association between COVID-19 infection and thrombotic events
- Discuss recent expert guidance for prevention and treatment of thrombosis among COVID-positive patients
- Suggest approaches to thrombosis prevention and treatment in SNFs
- Identify and address barriers and concerns relating to anticoagulation management in SNFs
COVID-19 and VTE Risk

VTE Risk Factors - Netherlands

<table>
<thead>
<tr>
<th></th>
<th>VTE (n=39)</th>
<th>No VTE (n=159)</th>
<th>HR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age (SD)</td>
<td>62 (10)</td>
<td>60 (15)</td>
<td>1.05 (0.82-1.4)</td>
</tr>
<tr>
<td>ICU</td>
<td>35 (89%)</td>
<td>40 (25%)</td>
<td>8.9 (3.2-25)</td>
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<tr>
<td>Median D-dimer (IQR)</td>
<td>2.6 (1.1-18)</td>
<td>1.0 (0.7-1.7)</td>
<td>1.4 (1.1-1.9)</td>
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Cumulative Incidence of VTE

Middledorp S et al JTH 2020 ePub May 6
• Largest professional organization of anticoagulation management specialists in North America [www.acforum.org](http://www.acforum.org)

• Produces and disseminates a wide range of clinical guidance documents and anticoagulation stewardship resources

• Maintains an active Resource Center of tools and materials to support anticoagulation management
Guidance for COVID-19 related Thrombosis Care

• Should acutely ill hospitalized patients with COVID-19 get VTE prophylaxis?
• What intensity VTE prophylaxis should patients with COVID-19 receive?
• Should patients with COVID-19 get post-hospital VTE prophylaxis?
• What transitions of care elements are important at the time of hospital discharge if using anticoagulation therapy?

Thromboembolism and anticoagulant therapy during the COVID-19 pandemic: interim clinical guidance from the anticoagulation forum

Geoffrey D. Barnes, Allison Burnett, Arthur Allen, Marilyn Blumenstein, Nathan P. Clark, Adam Cuker, William E. Dayer, Steven B. Deitelzweig, Stacy Ellsworth, David Garcia, Scott Keatz & Tracy Minichiello

Journal of Thrombosis and Thrombolysis 50, 72–81(2020) | Cite this article
Guidance Recommendations

• VTE prophylaxis for ALL hospitalized patients with COVID-19

Rationale:

• Many risk factors for VTE (infection, inflammation, immobility, older age)
  
  All would "qualify" as high-risk using scoring systems (e.g., IMPROVE, Caprini)

• VTE prophylaxis is evidence-based
Anticoagulation Dose?

Guidance Recommendations

• Standard doses for non-critically ill patients (e.g., LMWH 40mg daily)
• Increased doses for critically ill patients (e.g., LMWH 40mg BID)

Rationale:

• No firm evidence that higher-dose anticoag is effective at VTE prevention in non-critically ill patients
• Data from H1N1 suggests that higher intensity may be useful for patients with ARDS → extrapolate to COVID-19
• Clinical trial enrollment when possible

10.1007/s11239-020-02138-z; LMWH = low molecular weight heparin
Guidance Recommendations

• Extended prophylaxis (post-hospital) not routine for ALL patients
• Consider extended prophylaxis based on prior trial eligibility
• Use FDA-approved drugs when possible (e.g., rivaroxaban 10mg daily)

Rationale:

• No data on post-hospital VTE risk for patients with COVID-19
• Pre-COVID data suggests that high-risk patients include those with pulmonary infection, inflammation, immobility
Guidance Recommendations

• Assess for drug-drug interactions
• 3 months of anticoag for any confirmed/suspected VTE
• Re-initiate anticoag if used pre-hospital (e.g., for AFib)
• Clear documentation of indication, intended duration, and follow up schedule for all patients on anticoagulants

Rationale:

• Post-hospital transition is high-risk. Communication is critical
• Delayed imaging may present “false negative” scan result for VTE
Questions?