

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



**Quality Improvement  
Organizations**  
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# Prevention and Treatment of COVID-related Thrombosis in Skilled Nursing Facilities

COVID-19 Workshop Series

July 9, 2020



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# Housekeeping and Requests



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## **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:

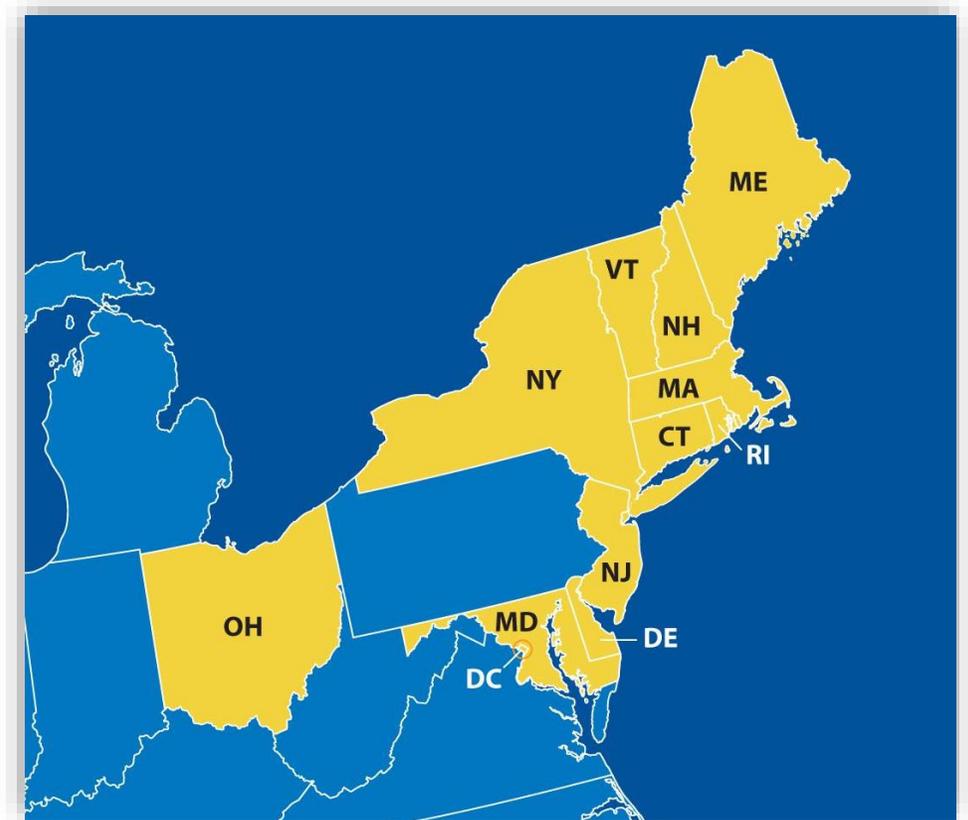
New York, New Jersey, Ohio

### 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**

## 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



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- 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.



# Presentation Overview



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## Objectives

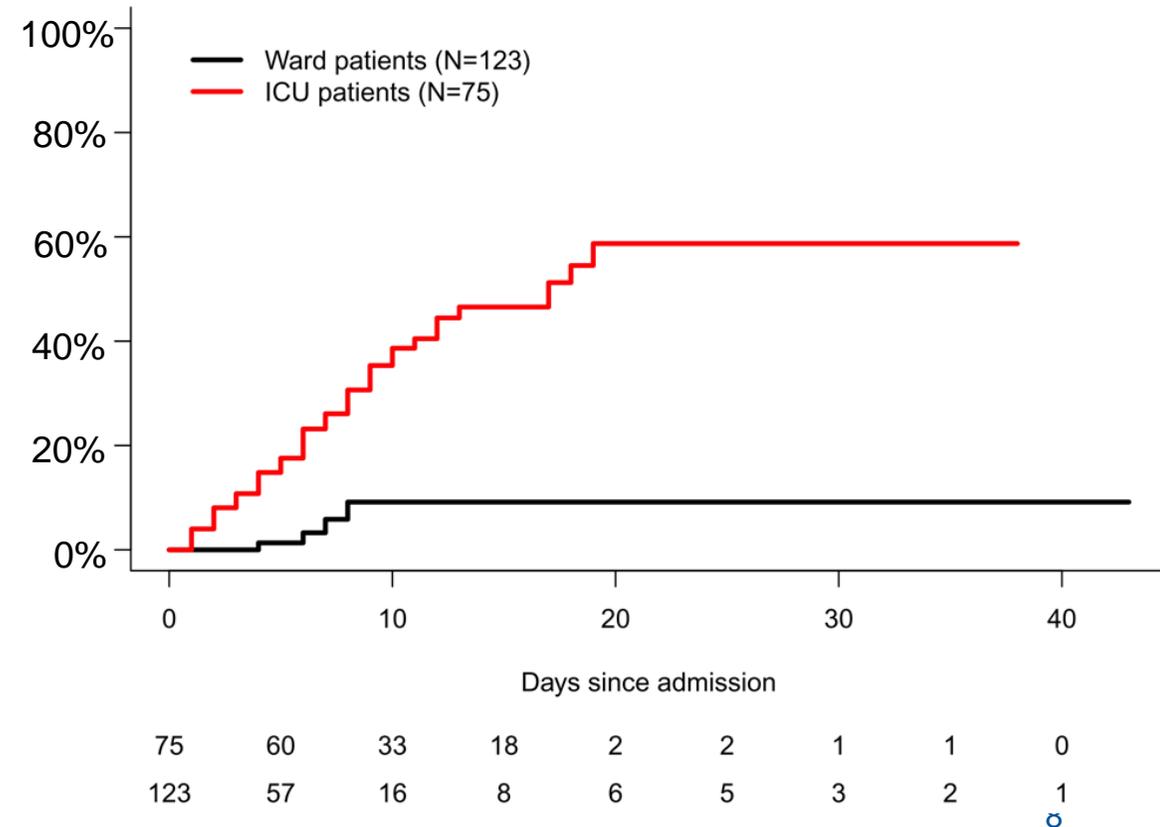
- Review the association between COVID-19 infection and thrombotic events
- Discuss recent expert guidance for prevention and treatment of thrombosis among COVID-positive patients
- Suggest approaches to thrombosis prevention and treatment in SNFs
- Identify and address barriers and concerns relating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

# COVID-19 and VTE Risk

## VTE Risk Factors - Netherlands

	VTE (n=39)	No VTE (n=159)	HR
Mean age (SD)	62 (10)	60 (15)	1.05 (0.82-1.4)
ICU	35 (89%)	40 (25%)	8.9 (3.2-25)
Median D-dimer (IQR)	2.6 (1.1-18)	1.0 (0.7-1.7)	1.4 (1.1-1.9)

## Cumulative Incidence of VTE





# Anticoagulation FORUM



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- 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. Dager](#), [Steven B. Deitelzweig](#), [Stacy Ellsworth](#), [David Garcia](#), [Scott Kaatz](#) & [Tracy Minichiello](#)

[Journal of Thrombosis and Thrombolysis](#) **50**, 72–81(2020) | [Cite this article](#)

# VTE Prophylaxis with COVID?



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## 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

# Post-hospital Prophylaxis?



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## 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

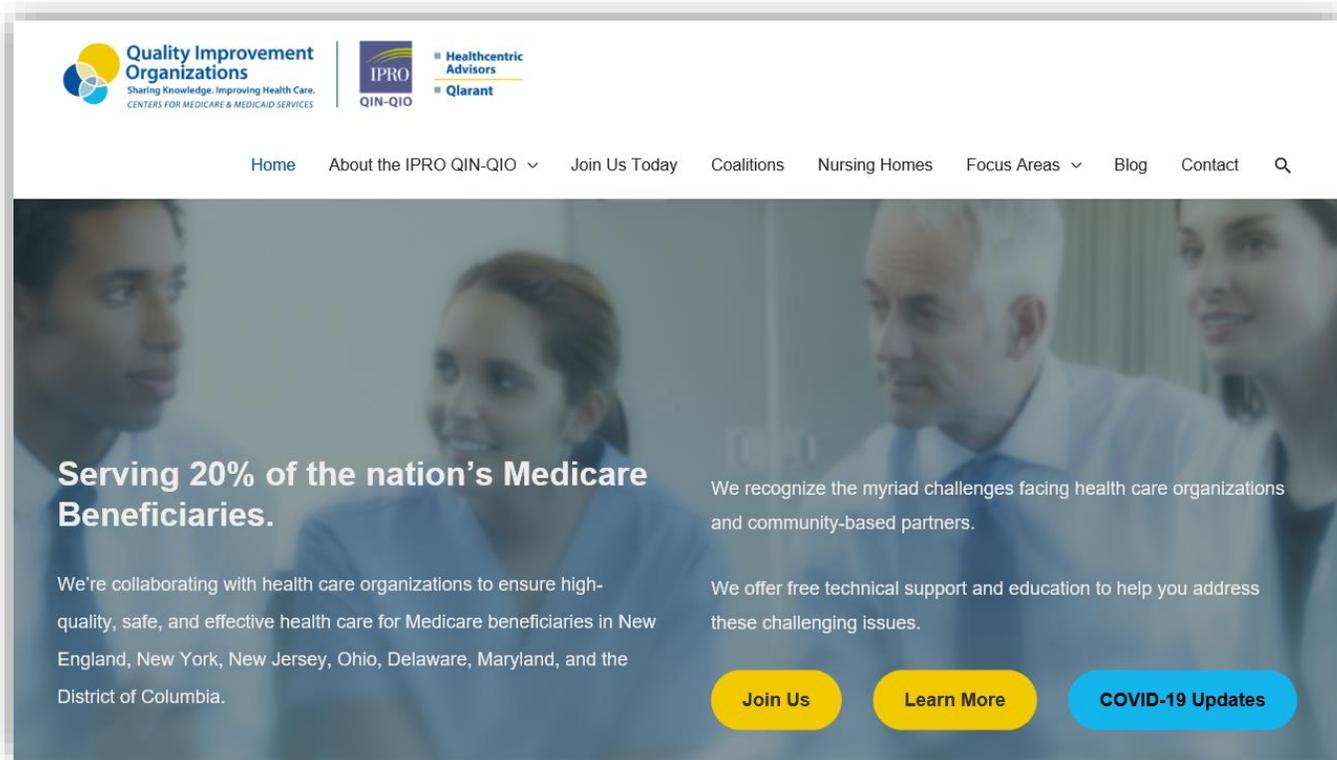


# Questions?

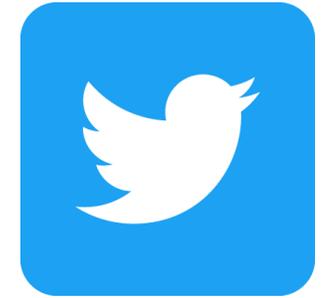
# Learn More & Stay Connected

<https://qi.ipro.org/>

Follow IPRO QIN-QIO



The screenshot shows the homepage of the Quality Improvement Organizations (QIO) website. At the top left, there are logos for Quality Improvement Organizations (Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES), IPRO QIN-QIO, Healthcentric Advisors, and Qlarant. A navigation menu includes Home, About the IPRO QIN-QIO, Join Us Today, Coalitions, Nursing Homes, Focus Areas, Blog, and Contact. The main content area features a large image of healthcare professionals and text stating: "Serving 20% of the nation's Medicare Beneficiaries." Below this, it says: "We're collaborating with health care organizations to ensure high-quality, safe, and effective health care for Medicare beneficiaries in New England, New York, New Jersey, Ohio, Delaware, Maryland, and the District of Columbia." To the right, it says: "We recognize the myriad challenges facing health care organizations and community-based partners." and "We offer free technical support and education to help you address these challenging issues." At the bottom of the main content area, there are three buttons: "Join Us", "Learn More", and "COVID-19 Updates".



This material was prepared by the IPRO QIN-QIO, a collaboration of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 12SOW-IPRO-QIN-T1-AA-20-129

