HHP/HPH COVID-19 Community Webinar Series

Monday, October 12, 2020

5:30pm – 6:30pm

HAWAIʻI PACIFIC HEALTH | HAWAIʻI HEALTH PARTNERS

CREATING A HEALTHIER HAWAIʻI

Moderator – 10/12/20

Andy Lee, MD
Medical Director, *Hawai‘i Health Partners*
Chief of Staff, *Pali Momi Medical Center*
Hawai‘i Pacific Health

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Disclaimer:

- The following is intended as information resource only for HHP/HPH providers, clinicians, administrative and clinical leaders.

- Specific areas may not pertain directly to your clinical practice area and/or may not be applicable to your practice based on your existing workflows, infrastructure, software (e.g. EHR), and communications processes.

Webinar Information

- You have been automatically muted.
  You cannot unmute yourself.
- You will be able to submit questions via the Q&A section.
  - Due to time constraints, any unanswered questions will be addressed this week and posted on the HHP website
- A recording of the meeting will be available tomorrow on the HHP website and intranet.

How to Claim CME Credit

1. Step 1: Confirm your attendance
   - You should have completed a brief questionnaire before joining today's live webinar.

2. Step 2: HPH CME team will email you instructions
   - Complete and submit evaluation survey that will be emailed to you within one week of the offering.
   - Your CE certificate will be immediately available to you upon completion of your evaluation.
   - Questions? Email hphcontinuingeduc@hawaiipacifichealth.org

CME Accreditation Statement

- In support of improving patient care, Hawai‘i Pacific Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
- Hawai‘i Pacific Health designates this webinar activity for a maximum of 1.0 AMA PRA Category 1 Credit (s) ™ for physicians. This activity is assigned 1.0 contact hour for attendance at the entire CE session.

JOINTLY ACCREDITED PROVIDER™

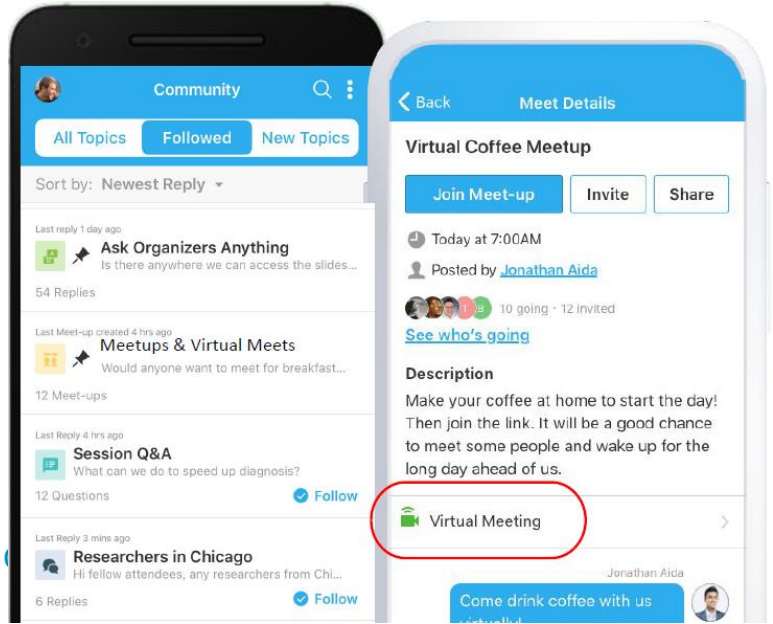
INTERPROFESSIONAL CONTINUING EDUCATION

Disclosures

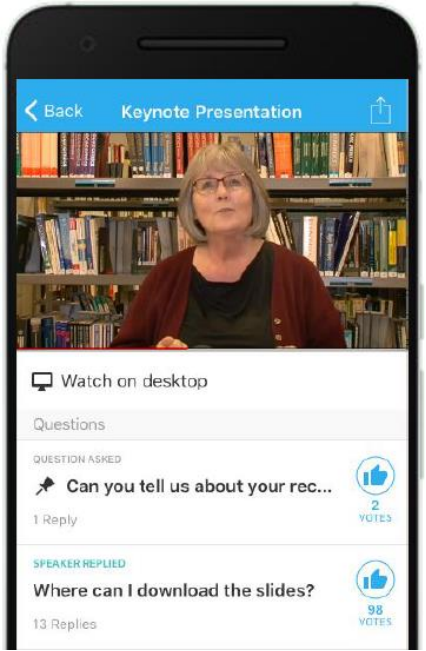
- The planners and presenters of this activity report no relationships with companies whose products or services (may) pertain to the subject matter of this meeting

HHP 7th Annual Membership Meeting

- New this year
  - Event web portal & mobile app - Whova
  - Community giveback competition
- Wrap up with virtual meeting
  - Saturday, November 7, 2020
    - 8:00 a.m. to 12:30 p.m.



- Email invitation sent last week Friday, Oct. 9th
  - Step 1. Register via email invitation or online at HHP website
  - Step 2. Download the Whova app and/or visit the event web portal on HHP website



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COVID-19 Updates

Melinda Ashton, MD
Executive Vice President
and Chief Quality Officer
Hawai‘i Pacific Health

Gerard Livaudais, MD, MPH
Executive Vice President, Population
Health and Provider Networks
Hawai‘i Pacific Health

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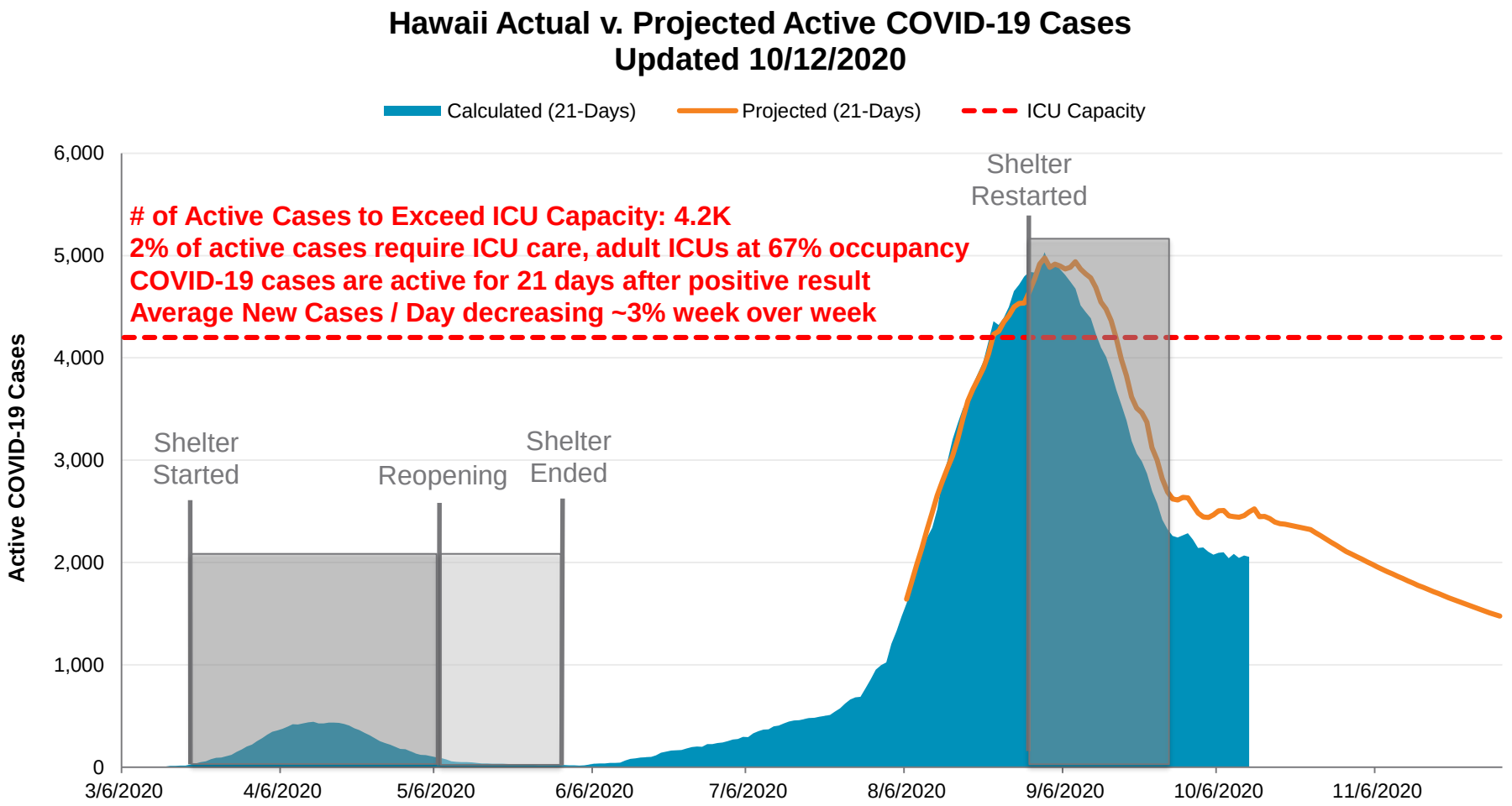
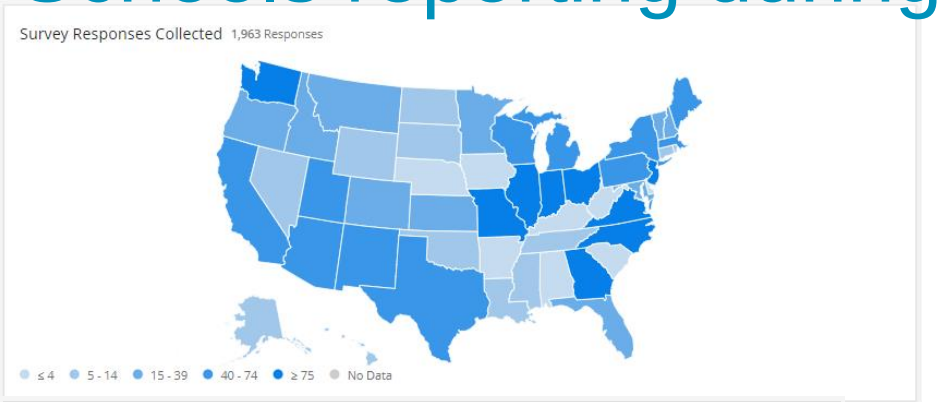
Projected Active COVID-19 Cases

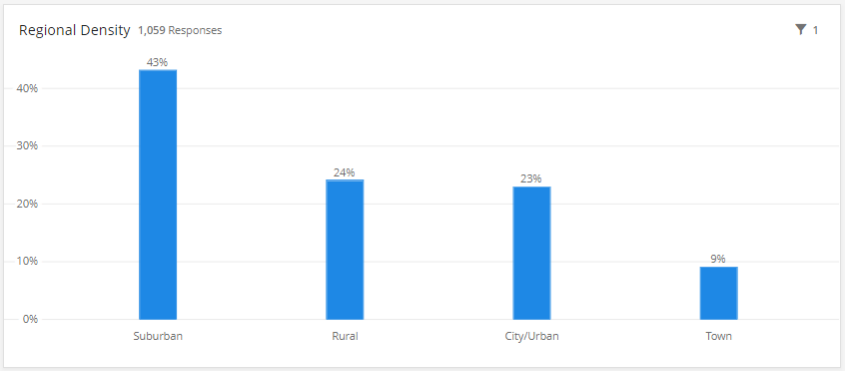


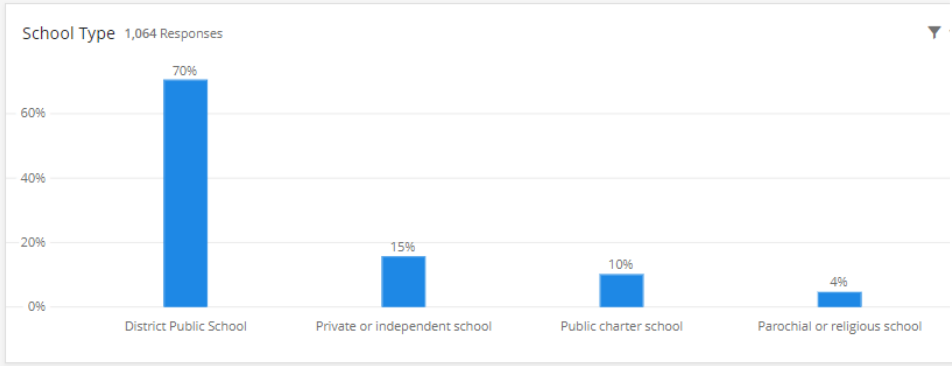
As of 10/12/20	Total Census	ICU beds occupied	# Ventilators in use	# New Admissions w/ COVID-19 screening	# New Admissions w/ positive COVID-19	# Patients currently hospitalized w/ suspect or confirmed COVID-19	# Patients currently on a ventilator w/ suspect or confirmed COVID-19	# Patients currently in ICU w/ suspect or confirmed COVID-19
KMCWC	143	AICU: 0 NICU: 69 PICU: 5	AICU: 0 NICU: 20 PICU: 4 Wilcox: 0	0	0	S: 0 C: 0	S: 0 C: 0	S: 0 C: 0
PMMC	87	5	3	2	1	S: 0 C: 5	S: 0 C: 1	S: 0 C: 1
SMC	102	10	7	4	0	S: 1 C: 7	S: 0 C: 3	S: 0 C: 3
WMC	31	4	2	2	0	S: 2 C: 0	S: 0 C: 0	S: 0 C: 0

S = Suspected; C= Confirmed

Schools reporting during last 2 weeks of Sept.







Staff Masks	95%
Student Masks	92%
Daily at-home scr3een	92%
Increased ventilation	81%
Students stay in fixed cohorts	71%
Only groups of 25 or less allowed	69%
Some or all class outdoors	67%
Students keep 3 feet distance	65%
Students keep 6 feet distance	58%
Temp check upon entering school or bus	52%
Symptoms check upon entering school or bus	49%
Students stay in one class room	48%
Staff tested prior to first day	7%

https://statsiq.co1.qualtrics.com/public-dashboard/v0/dashboard/5f62eaee4451ae001535c839#/dashboard/5f62eaee4451ae001535c839?pageId=Page_1ac6a6bc-92b6-423e-9f7a-259a18648318

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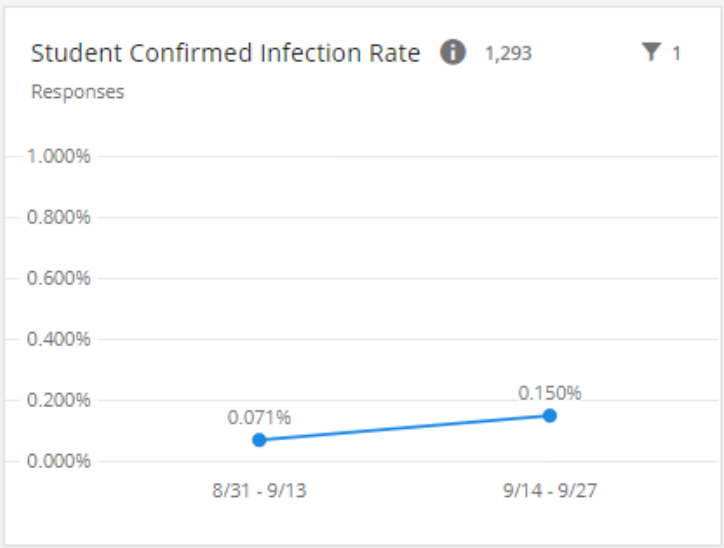
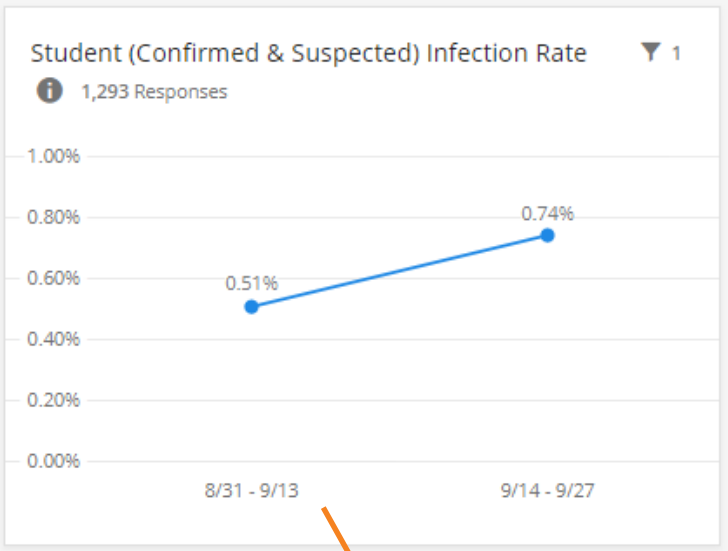
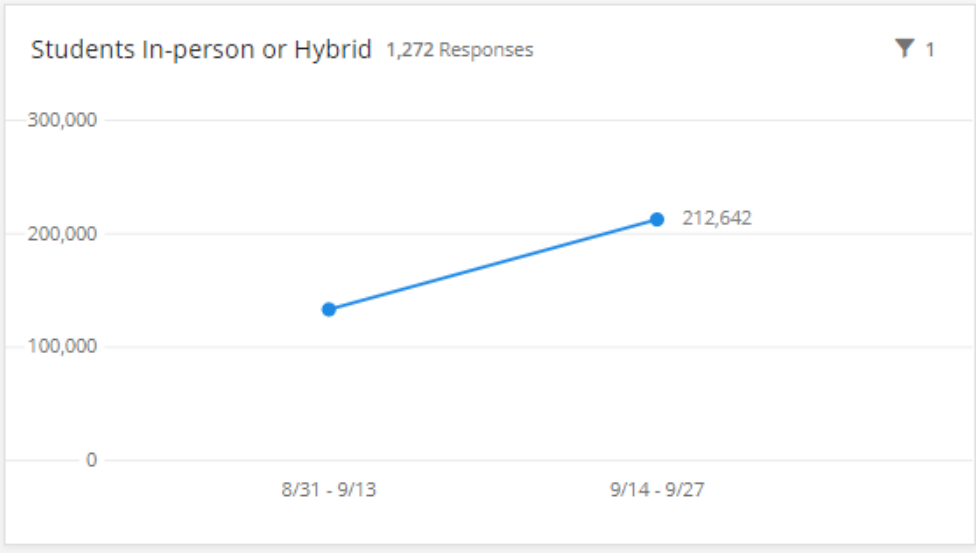
Schools reporting during last 2 weeks of Sept.







COVID-19 infections: 573 known or suspected over 212,642 students

https://statsiq.co1.qualtrics.com/public-dashboard/v0/dashboard/5f62eaee4451ae001535c839#/dashboard/5f62eaee4451ae001535c839?pageId=Page_1ac6a6bc-92b6-423e-9f7a-259a18648318

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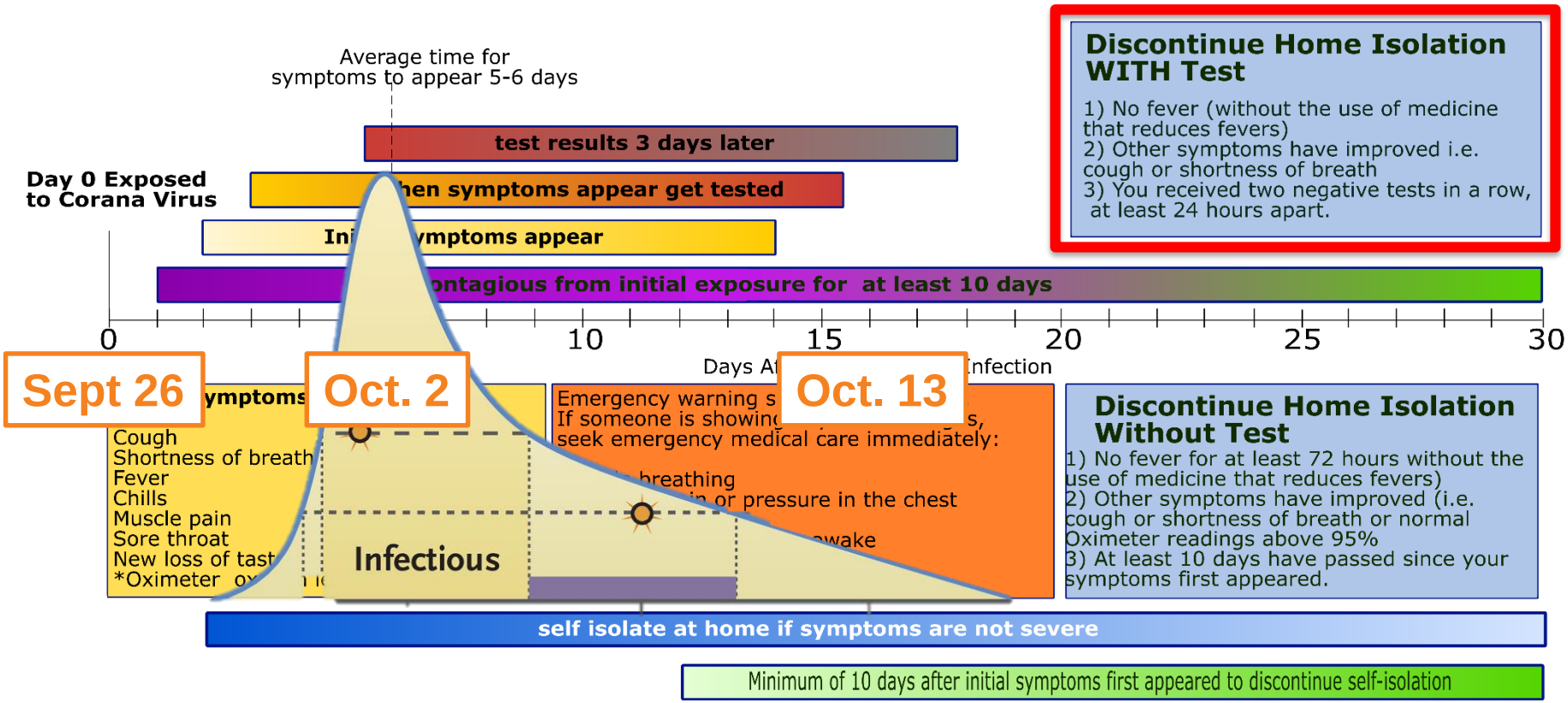
President Trump has COVID-19

- Treatment
  - Regeneron Cocktail
  - Remdesivir
  - Oxygen
  - Dexamethasone
- Infection Control and Isolation (versus Quarantine)
- Backward Contact Tracing

COVID 19 Timeline



Discontinue Home Isolation WITH Test

1) No fever (without the use of medicine that reduces fevers)
2) Other symptoms have improved i.e. cough or shortness of breath
3) You received two negative tests in a row, at least 24 hours apart.

Discontinue Home Isolation Without Test

1) No fever for at least 72 hours without the use of medicine that reduces fevers)
2) Other symptoms have improved (i.e. cough or shortness of breath or normal Oximeter readings above 95%
3) At least 10 days have passed since your symptoms first appeared.

https://keysdems.com/wp-content/uploads/2020/05/COVID-19-timeline-v1.png

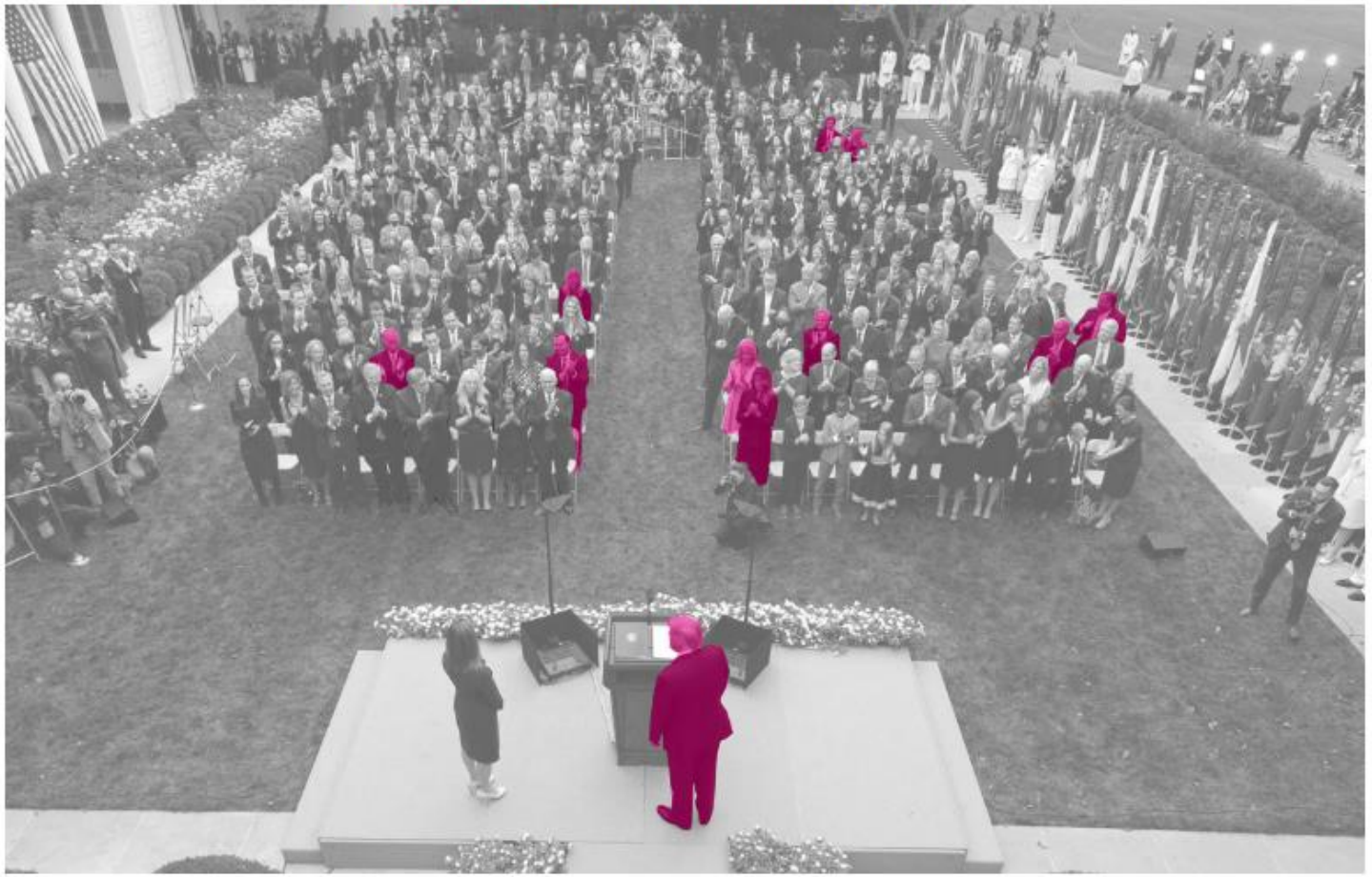
White House Cluster

Fri, 10/2	Trump acknowledges being PCR +
Thu, 10/1	New Jersey (with Hope Hicks known +) for Roundtable and Fundraiser
Wed, 9/30	Minnesota - fundraiser at private donor's home, Rally at Duluth Airport
Tue, 9/29	Debate in Cleveland, OH
Mon, 9/28	Briefing update on COVID-19 Testing
Sun, 9/27	Golf at Potomac Falls, briefing, Gold Star families event
Sat, 9/26	Rose Garden announcement event Pennsylvania
Fri, 9/25	Georgia, Florida

https://www.nytimes.com/interactive/2020/10/02/us/politics/trump-contact-tracing-covid.html

White House Cluster

People testing positive following Sept. 26 Rose Garden event



From top to bottom row, left to right:
Chad Gilmartin, Karoline Leavitt, Kayleigh McEnany, Chris Christie, Rev. John Jenkins, Rev. Greg Laurie, Thom Tillis, Mike Lee, Kellyanne Conway, Melania Trump and Donald Trump

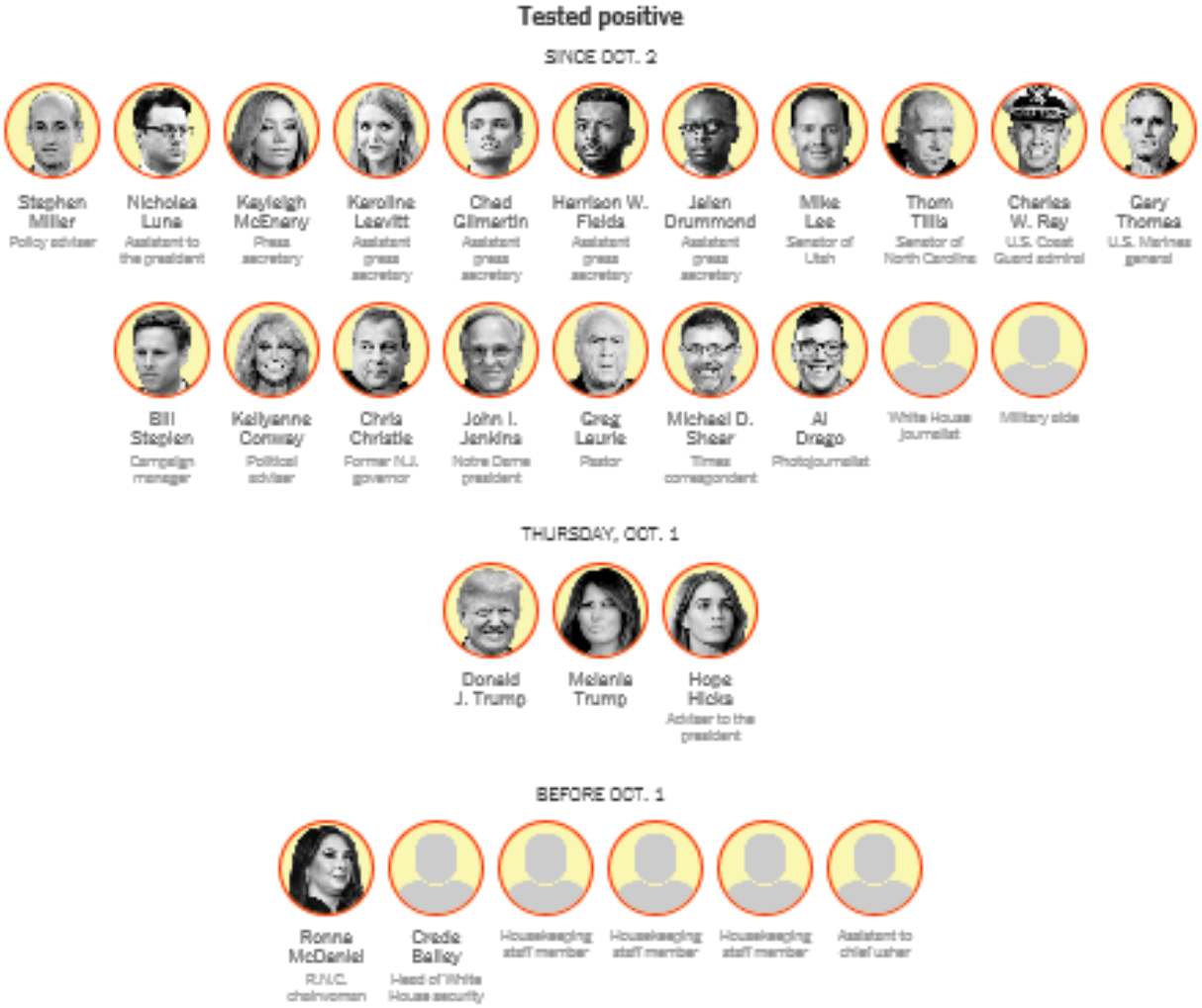
https://www.bloomberg.com/graphics/2020-white-house-trump-covid-cluster/

White House Cluster

https://www.nytimes.com/interactive/2020/10/08/us/white-house-coronavirus-cdc.html

Eric Trump, Ivanka Trump, Tiffany Trump and Donald Trump Jr. sit in the audience during the first presidential debate between President Donald Trump and former Vice President Joe Biden last Tuesday. Image: Getty.

White House Cluster



COVID-19 Impact on Utilization

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Hawai‘i Pacific Health

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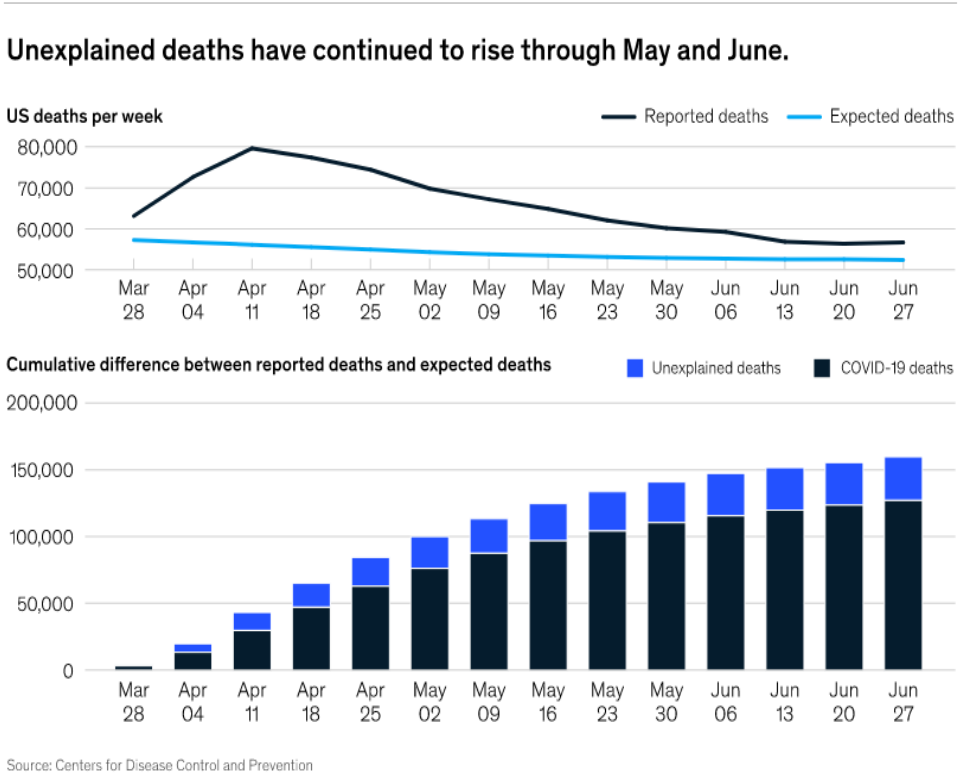
COVID-19 Impact on Healthcare

Exhibit 1



Source: Centers for Disease Control and Prevention

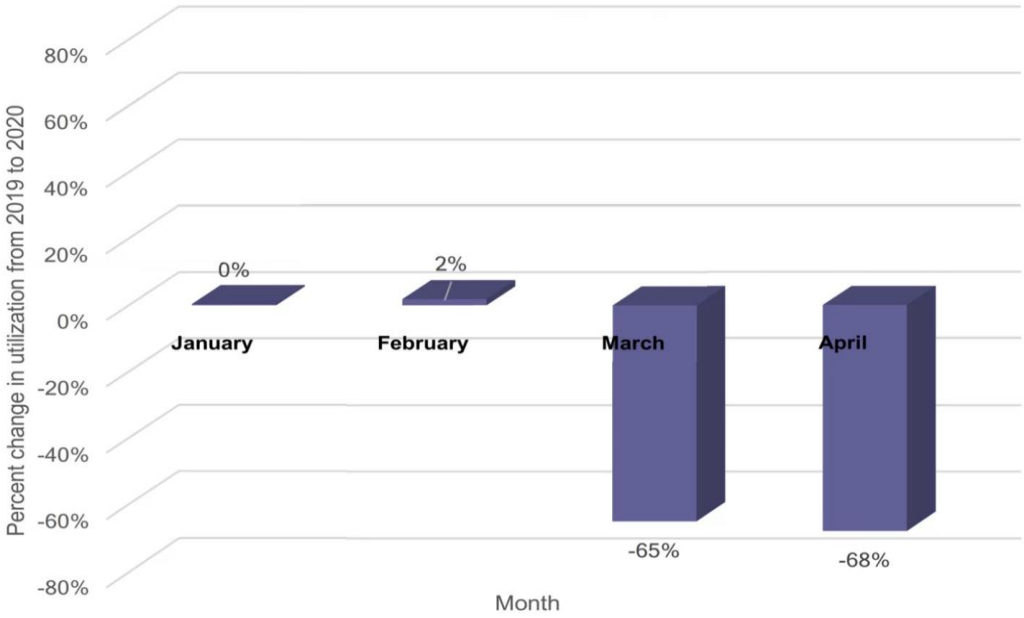
McKinsey & Company

- Direct impact substantial
- Layer impact potential to dwarf immediate effects
- Roughly 35,000 “extra deaths” are unexplained
- Additional layers could result in $125-$200 billion incremental annual cost

https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/understanding-the-hidden-costs-of-covid-19s-potential-impact-on-us-healthcare

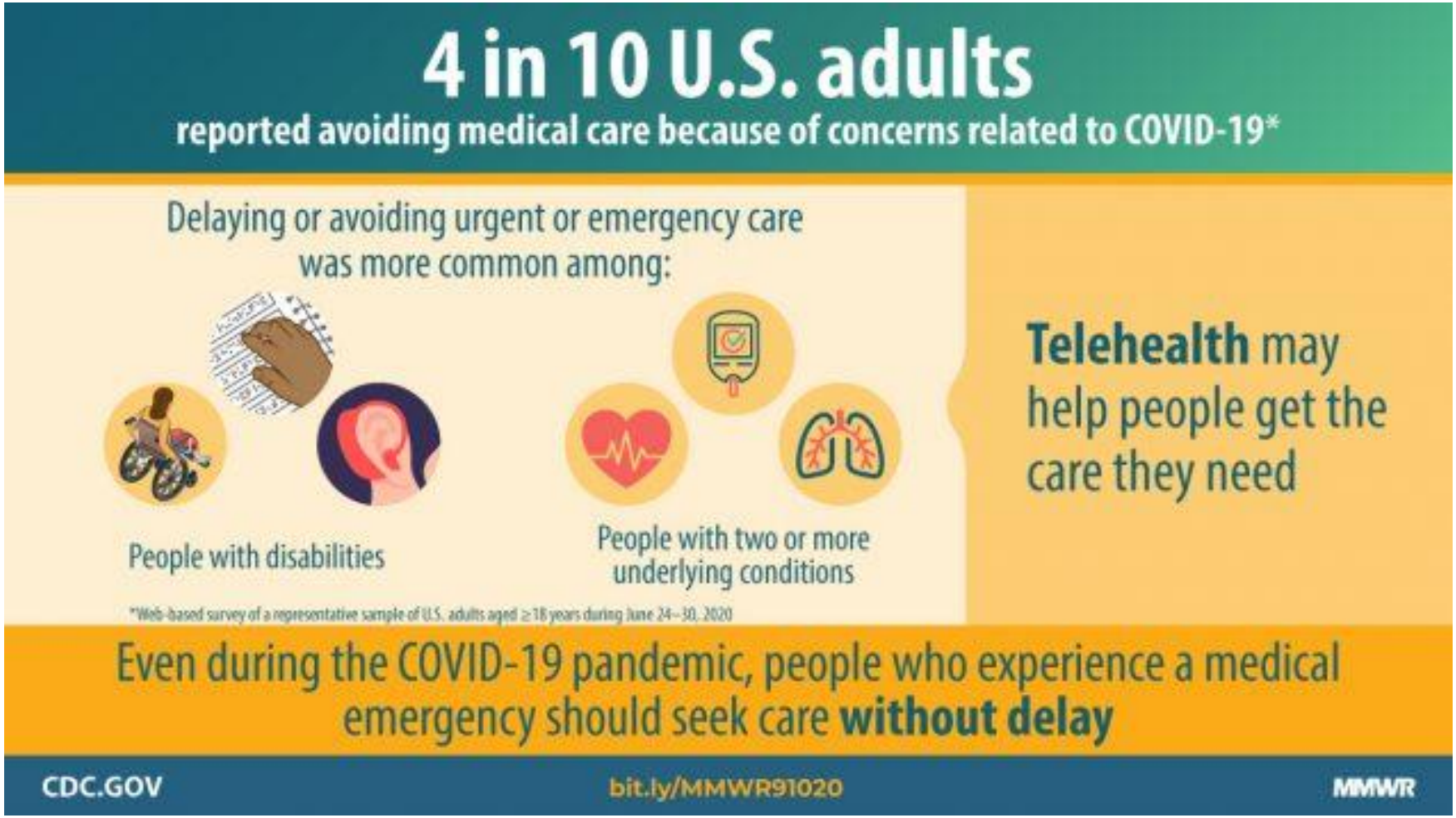
Changes in Utilization during COVID-19

- Claims data was analyzed and compared for the following changes in utilization:
  - March 2019 vs. March 2020:
    - Utilization fell 65%
    - Professional revenue fell 45%
  - April 2019 vs. April 2020:
    - utilization fell 68%
    - Professional revenue fell 48%



- Of the specialties studied,
  - **Oral surgery** had the largest decreases in utilization
    - In March 2020, oral surgery utilization declined by 80%; April 2020, oral surgery utilization declined 81%
  - **Gastroenterology** had the second largest decreases
  - **Pediatric primary care** had the *smallest* decreases
    - In March 2020 utilization declined 52%; April 2020 utilization declined 58%

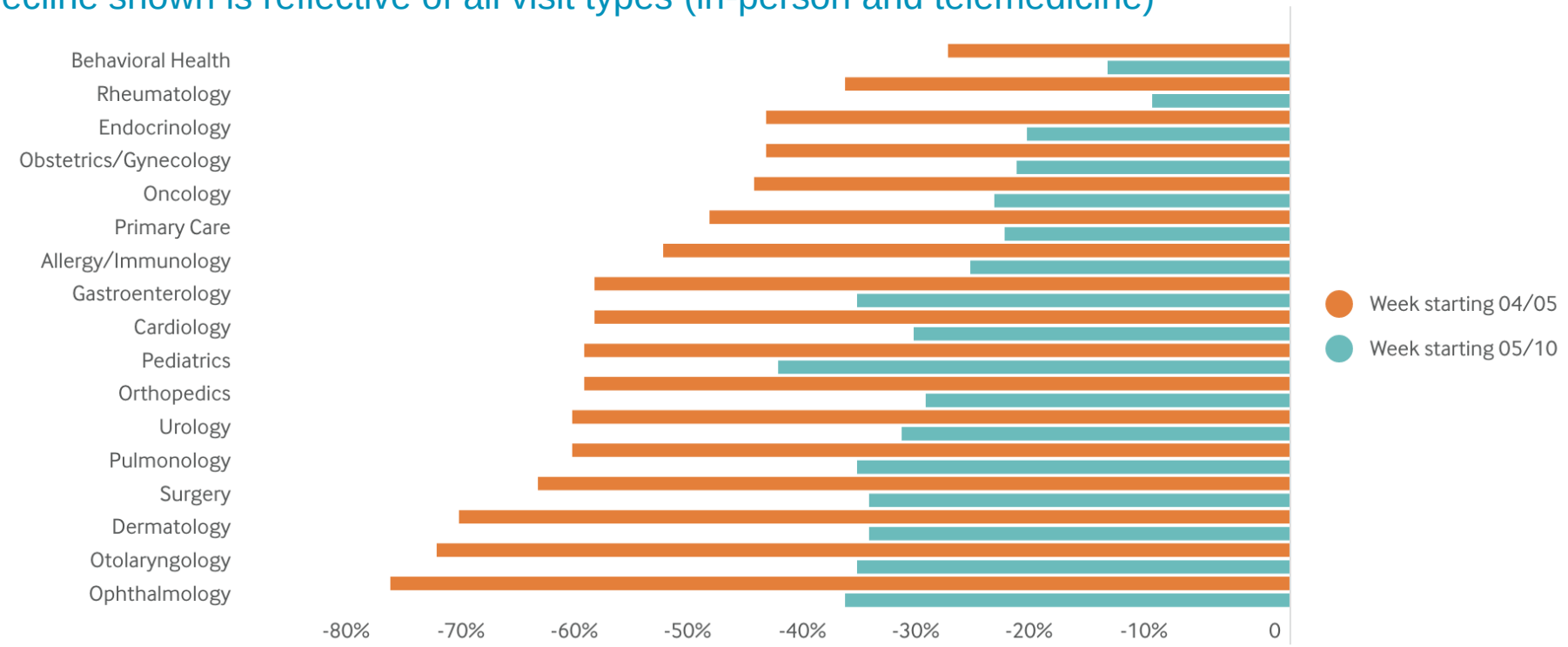
https://s3.amazonaws.com/media2.fairhealth.org/brief/asset/Healthcare%20Professionals%20and%20the%20Impact%20of%20COVID-19%20-%20A%20Comparative%20Study%20of%20Revenue%20and%20Utilization%20-%20A%20FAIR%20Health%20Brief.pdf


4 in 10 U.S. adults
reported avoiding medical care because of concerns related to COVID-19*
Delaying or avoiding urgent or emergency care was more common among:
People with disabilities
People with two or more underlying conditions
*Web-based survey of a representative sample of U.S. adults aged ≥18 years during June 24–30, 2020
Telehealth may help people get the care they need
Even during the COVID-19 pandemic, people who experience a medical emergency should seek care without delay
CDC.GOV
bit.ly/MMWR91020
MMWR

Impact of COVID-19 on Outpatient Visits

Baseline week: March 1
Nadir of visit decline: April 5
Last week of data: May 10

Decline shown is reflective of all visit types (in-person and telemedicine)



Source: Ateev Mehrotra et al., "The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges," *To the Point* (blog), Commonwealth Fund, May 19, 2020. https://doi.org/10.26099/ds9e-jm36

Impact on Deferred or Canceled Care

Exhibit 4

The qualitative impact of deferred or canceled treatment on total US spend by condition type varies in severity.

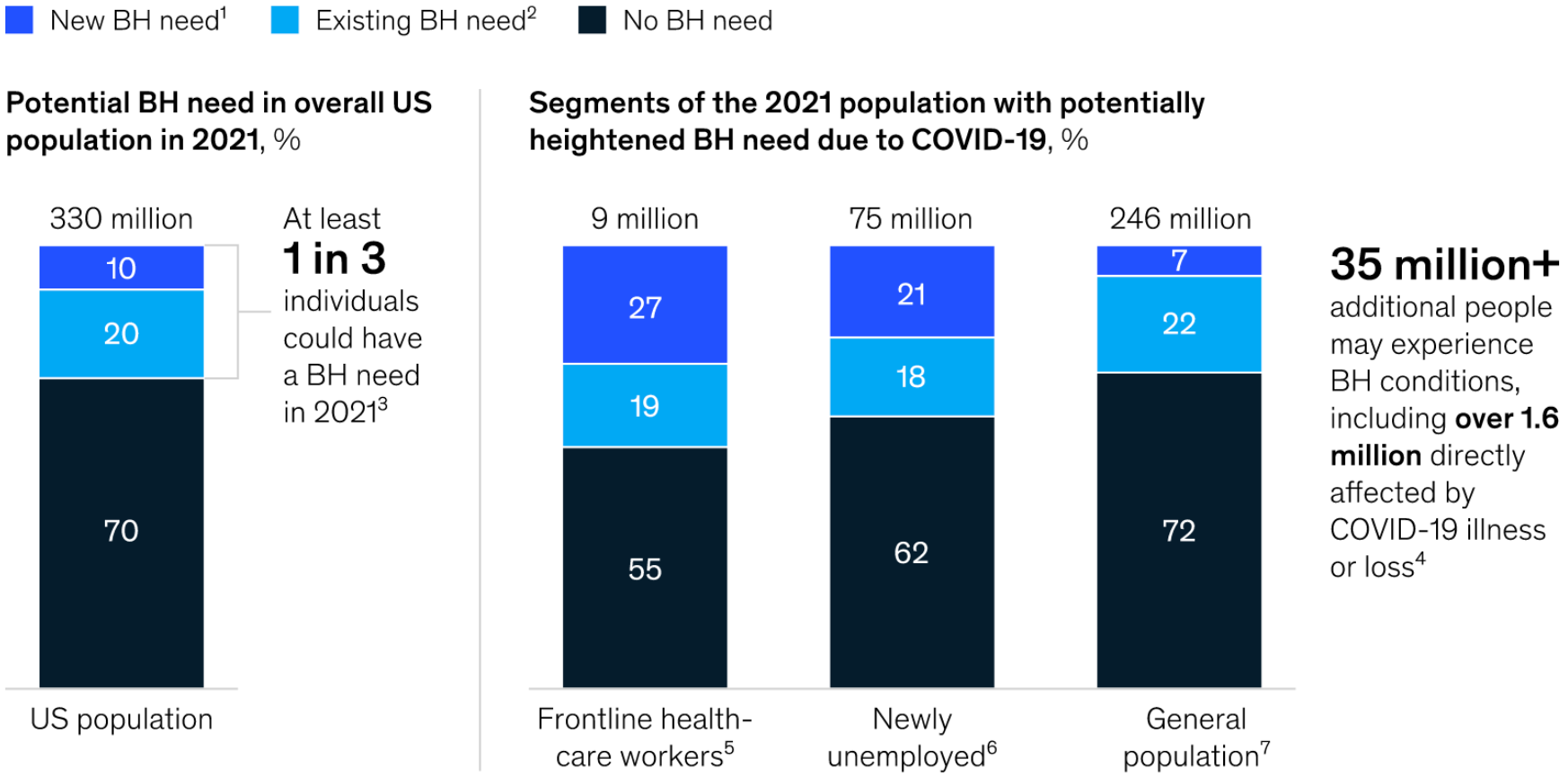
Condition	Likelihood of delaying or canceling treatment	Consequences of delaying or canceling treatment	Total impact
Cancer	Low	Very high	High
Congestive heart failure	Medium	High	Medium
Chronic obstructive pulmonary disease	Medium	High	High
Diabetes	Low	Medium	Low
Hypertension	Low	Medium	Low

McKinsey & Company

https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/understanding-the-hidden-costs-of-covid-19s-potential-impact-on-us-healthcare

Behavioral Health

Impact of COVID-19 on behavioral health across different population segments.



https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/understanding-the-hidden-costs-of-covid-19s-potential-impact-on-us-healthcare

https://www.pyapc.com/insights/post-covid-19-future-of-medical-practices/

Post-COVID-19: The Future of Medical Practices

- One day, the COVID-19 pandemic will no longer be a global healthcare crisis. However, it will and should significantly change both the way medical practices operate and clinicians practice medicine and how we may desire to be paid.

- Healthcare systems need to shape the post-COVID-19 environment by

https://www.pyapc.com/insights/post-covid-19-future-of-medical-practices/

https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/understanding-the-hidden-costs-of-covid-19s-potential-impact-on-us-healthcare

Care Initiatives Post-COVID-19

- Redefine patient access and treatment options
- Develop an approach for prioritizing high-risk individuals to traditional facilities deemed safe and appropriate
- Leverage data and technology
- Integrate behavioral and physical health services
- Consider the evolution of staffing models

https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/understanding-the-hidden-costs-of-covid-19s-potential-impact-on-us-healthcare

https://www.pyapc.com/insights/post-covid-19-future-of-medical-practices/

Health Disparities

- Caution!
- Expanding access for underserved demographic groups
- New focus on telehealth could end up increasing health disparities

https://www.shsmd.org/system/files/media/file/2020/05/Preparing%20for%20the%20Post-COVID-19%20Health%20Care%20Landscape.pdf

Utilization Recovery

- How might the decline in care utilization connected to COVID-19 affect the health of patients?
- What might differential utilization rates and associated outcomes tell us about the value of particular treatment and ways to make care more efficient?
- How has COVID-19 affected payment models, and how can we structure alternative payment models to be better prepared for future disease outbreaks?

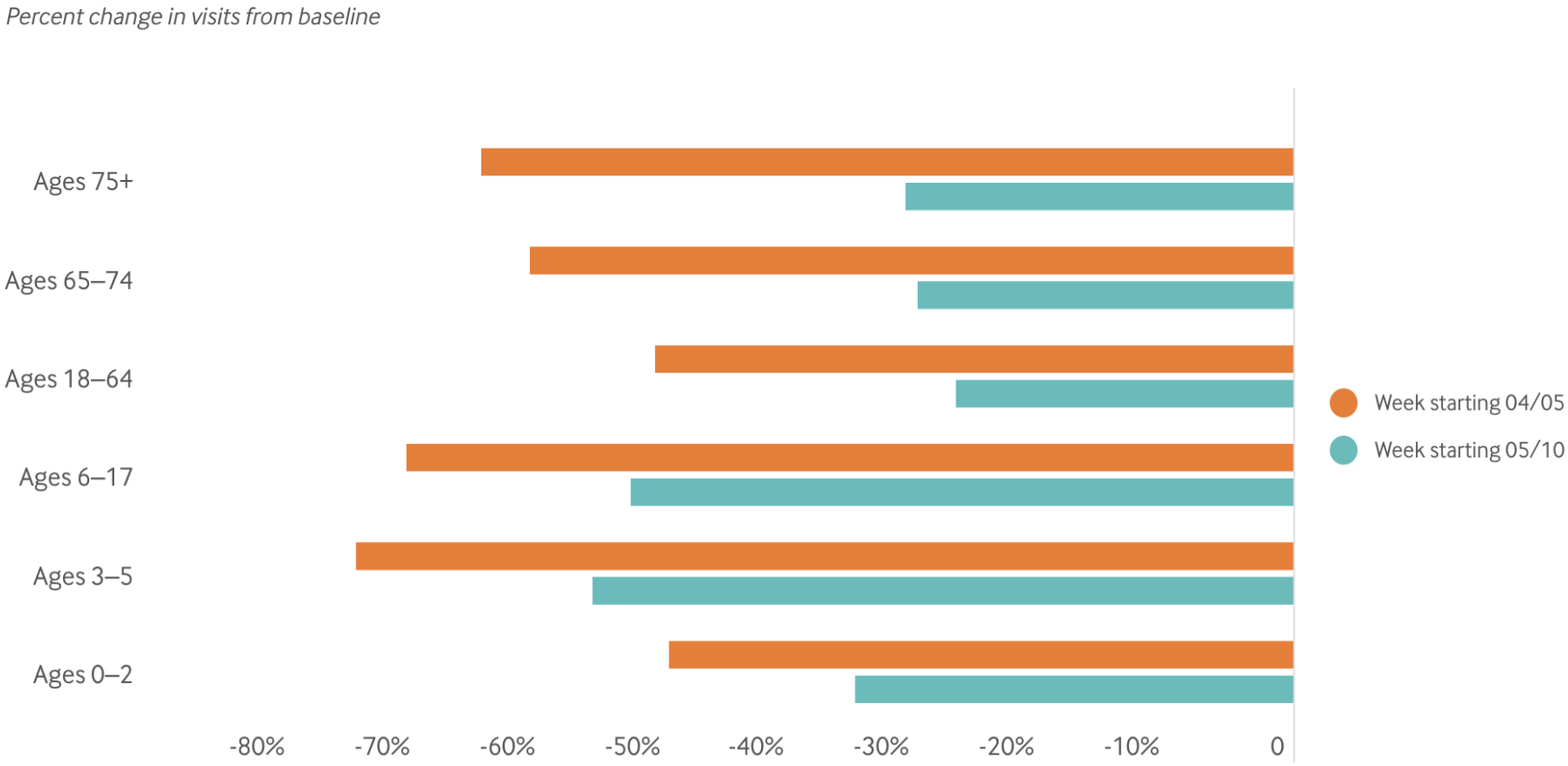
https://www.healthaffairs.org/do/10.1377/hblog20200702.788062/full/

Exhibit 1. Proportional change in episode volume by episode & episode category

Episode / Episode Category	Baseline Volume Week of Feb 20, 2020	% of Baseline Week of April 6, 2020	% of Baseline Week of June 8, 2020	% of decline recovered
Fractures of the femur and hip or pelvis	25	104%	144%	N/A
Renal failure	190	71%	114%	148%
Cellulitis	86	47%	100%	100%
Gastrointestinal hemorrhage	198	69%	95%	84%
Acute myocardial infarction	173	75%	94%	76%
Cardiac arrhythmia	304	41%	91%	85%
Stroke	197	74%	90%	62%
Urinary tract infection	215	60%	89%	73%
Seizures	58	81%	84%	16%
Congestive heart failure	318	50%	83%	66%
Hip and femur procedures except major joint	44	84%	82%	-13%
Sepsis	947	89%	81%	-73%
Gastrointestinal obstruction	102	57%	80%	53%
Coronary artery bypass graft	31	26%	70%	59%
Major joint replacement of the lower extremity	74	20%	64%	55%
Pacemaker	33	33%	55%	33%
Major joint replacement of the upper extremity	35	9%	54%	49%
Spinal fusion (non-cervical)	116	16%	52%	43%
Percutaneous coronary intervention-IP	27	41%	44%	5%
Lower extremity and humerus procedure except hip, foot, femur	22	23%	41%	23%

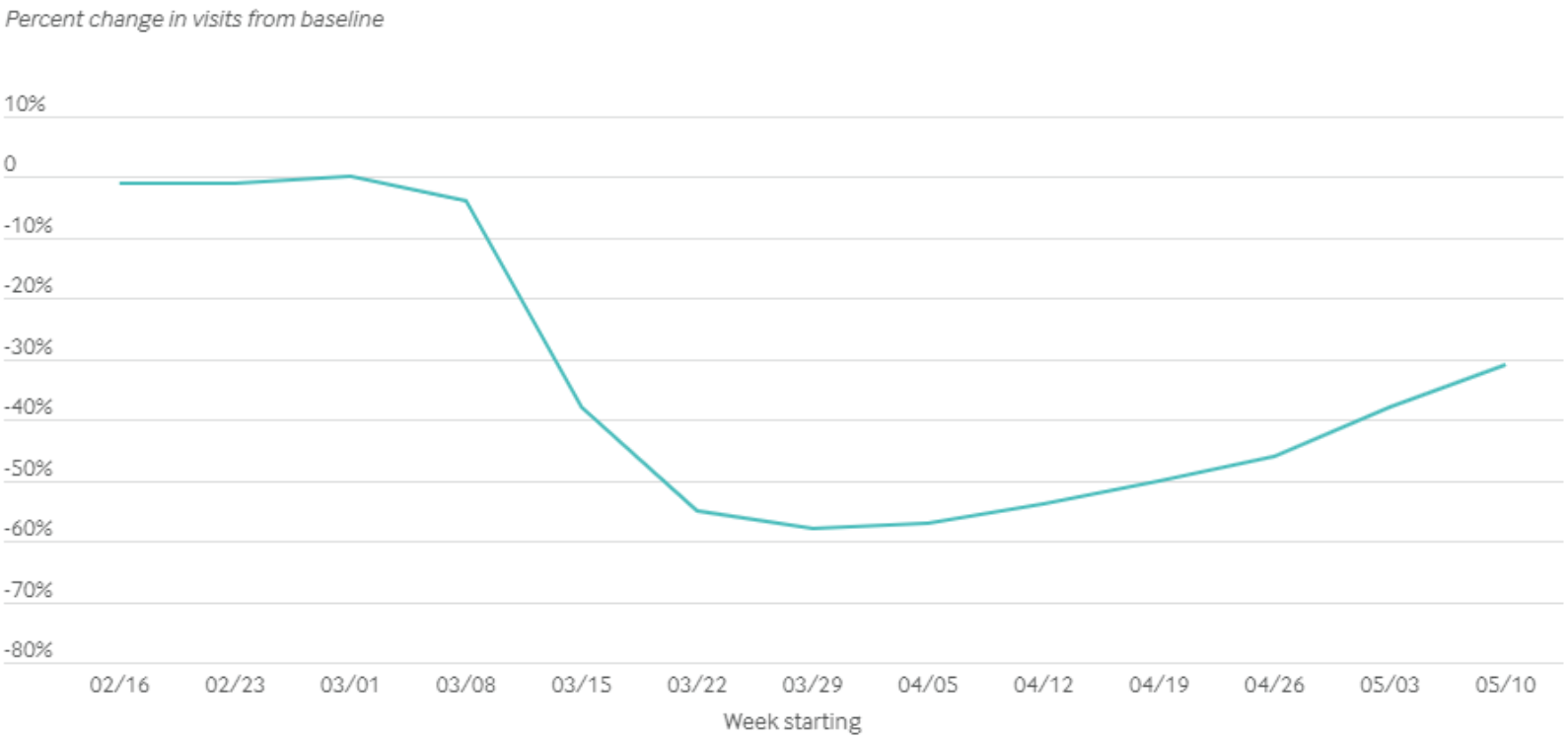
https://www.ajmc.com/view/crisis-into-opportunity-can-covid19-help-set-a-path-to-improved-health-care-efficiency
https://www.healthaffairs.org/do/10.1377/hblog20200702.788062/full/

The rebound on outpatient visits has been smaller among school-age children and relatively larger among older adults



Source: Ateev Mehrotra et al., "The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges," *To the Point* (blog), Commonwealth Fund, May 19, 2020. https://doi.org/10.26099/ds9e-jm36

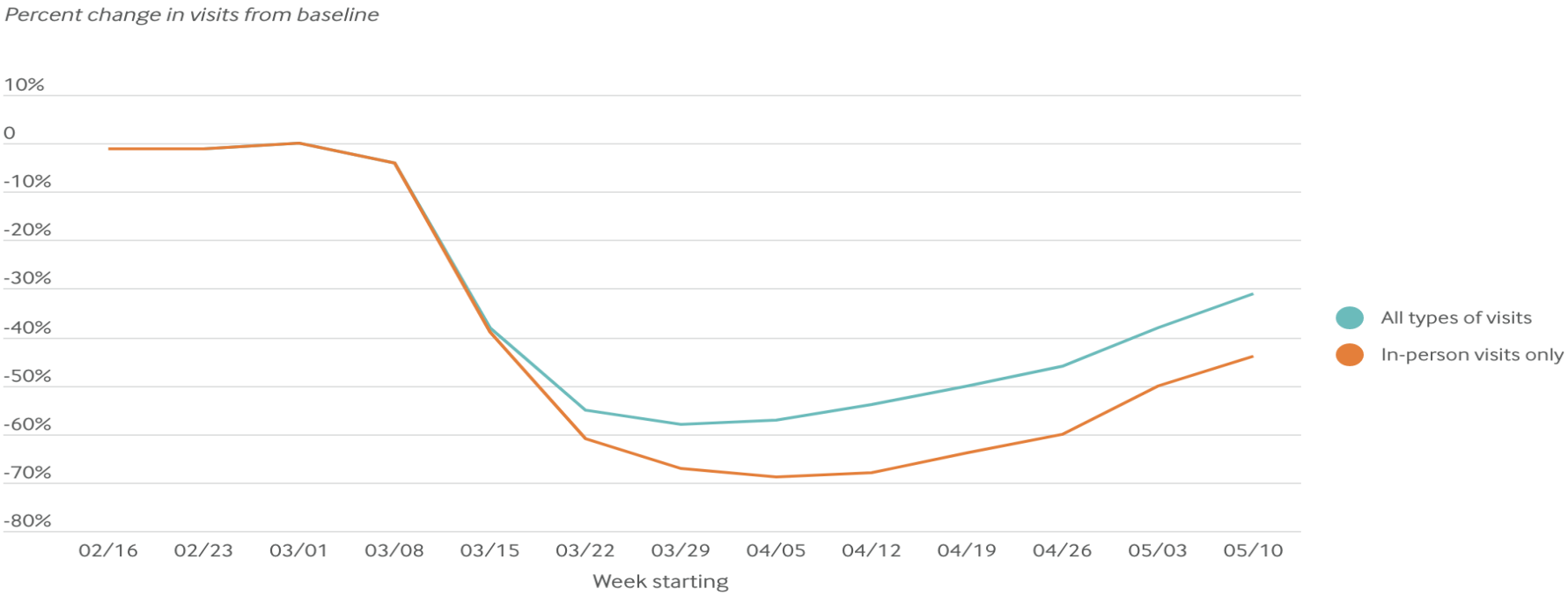
Visits to ambulatory practices declined nearly 60% by early April. Since that time a rebound has occurred, but the number of visits is still roughly one-third lower than what was seen before the pandemic.



Source: Ateev Mehrotra et al., "The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges," *To the Point* (blog), Commonwealth Fund, May 19, 2020. https://doi.org/10.26099/ds9e-jm36

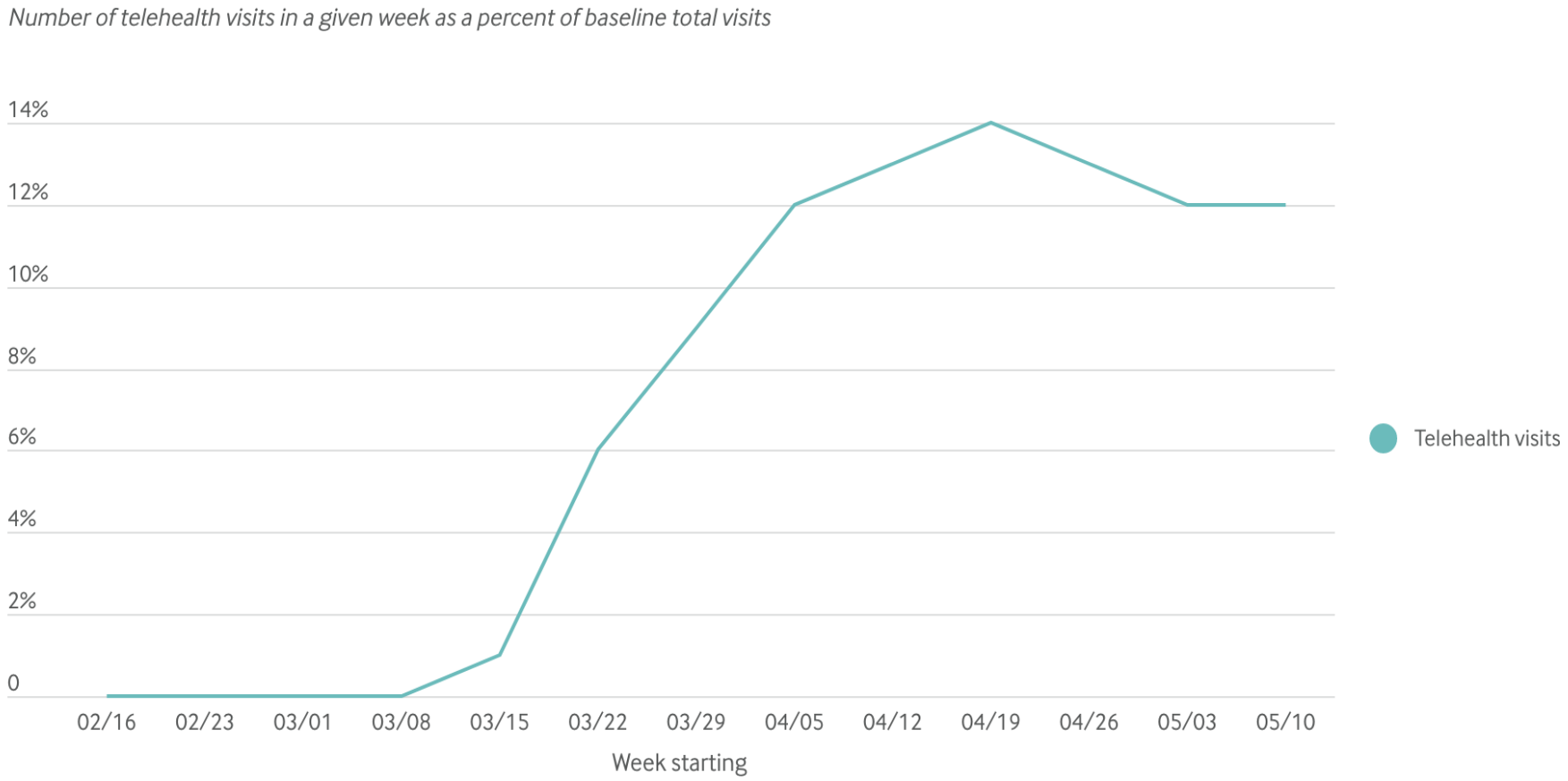
As in-person visits dropped, telehealth visits increased rapidly before plateauing. The rebound in visits is due to more in-person visits rather than more telemedicine visits.

The decline among in-person visits is steeper than the decline among visits of any type (telemedicine and in-person).



Source: Ateev Mehrotra et al., "The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges," *To the Point* (blog), Commonwealth Fund, May 19, 2020. https://doi.org/10.26099/ds9e-jm36

The number of telemedicine visits rose rapidly through mid-April but then leveled, and even declined slightly, in the last three weeks.



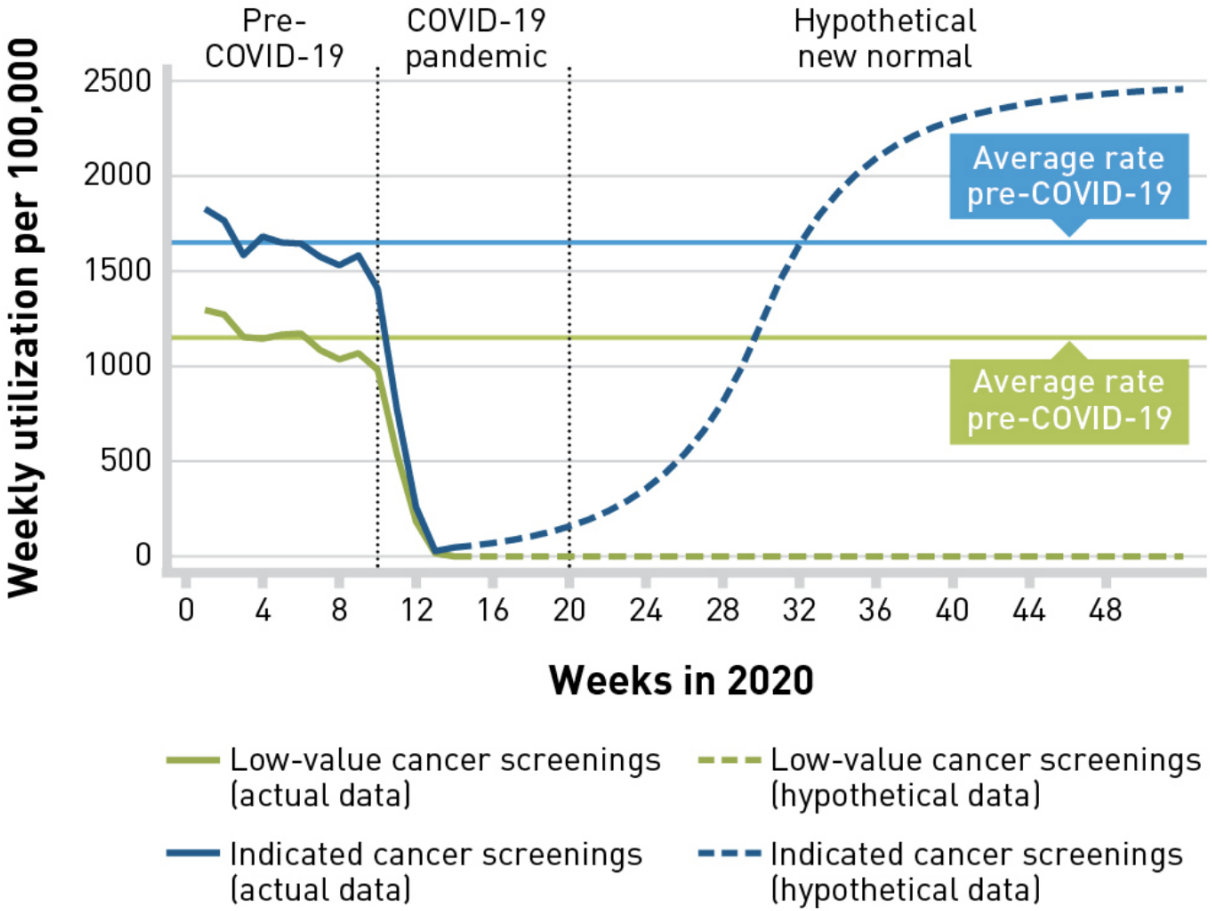
Source: Ateev Mehrotra et al., "The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges," *To the Point* (blog), Commonwealth Fund, May 19, 2020. https://doi.org/10.26099/ds9e-jm36

Building A More Efficient Health Care System

- Utilization rates prior to COVID-19 should *not* be used as the benchmark for efficient care
- As your patients return, assess how their care may (or may not) have been impacted due to delayed or deferred care.
  - Challenge yourself to see if your care/patient relationship can be streamlined to still offer optimal care
- COVID-19 may offer an opportunity to better assess the value of some care
- Going forward, the key will be to invest in services that improve individual and population health while deterring a resurgence of low-value care

https://www.healthaffairs.org/do/10.1377/hblog20200702.788062/full/

FIGURE. Preventing the Resurgence of Low-Value Care in the Post–COVID-19 Era[a]



- Commercial claims data
- Low-value Cancer Screenings:
  - Prostate Cancer screening 70yrs and older
  - Cervical Cancer screening non risk women older than 65yrs
  - Colon Cancer screening adults older than 85yrs

Am J Manag Care. 2020;26(9):369-370. https://doi.org/10.37765/ajmc.2020.88412

Alternative Payment Models (APM)

- COVID-19 is shifting not only clinical care but also payment models
- Accelerating visibility of APM benefits to both payer and provider
- The most impactful solution would increase reimbursement for **high-value** clinical services and reduce or cease payment for known **low-value** care
- Health plans to align patient cost sharing with the value of the underlying services
  - Current “blunt” instruments, such as plan deductibles, do not distinguish between high- and low-value care
  - Evidence base demonstrates that patient cost sharing indiscriminately decreases the use of both clinically indicated and unnecessary services
  - Base reimbursement on patient-centered outcomes

HHS Final Rule May 2020

- "Value-based" model QHP that contains consumer cost-sharing levels aimed at driving utilization of high value services and lowering utilization of low value services when medically appropriate

- High value services and drugs: offering with lower or zero cost sharing
  - High value services are those that most people will benefit from and have a strong clinical evidence base demonstrating appropriate care

- Low value services: setting at higher consumer cost sharing
  - Low value services are those services in which the majority of consumers would not derive a clinical benefit.

DEPARTMENT OF HEALTH AND HUMAN SERVICES 45 CFR Parts 146, 149, 155, 156 and 158 [CMS-9916-F] RIN 0938-AT98 Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2021; Notice Requirement for Non-Federal Governmental Plans

HHS Final Rule May 2020

TABLE 5: High and Low Value Services and Drug Classes

High Value Services with Zero Cost Sharing	Specific Low Value Services Considered
Blood pressure monitors (hypertension)	Proton beam therapy for prostate cancer
Cardiac rehabilitation	Spinal fusions
Glucometers and testing strips (diabetes)	Vertebroplasty and kyphoplasty
Hemoglobin a1c testing (diabetes)	Vitamin D testing
INR testing (hypercoagulability)	**Commonly Overused Service Categories with Increased Cost sharing**
LDL testing (hyperlipidemia)	Outpatient specialist services
Peak flow meters (asthma)	Outpatient labs
Pulmonary rehabilitation	High-cost imaging
High Value Generic Drug Classes with Zero Cost Sharing	X-rays and other diagnostic imaging
ACE inhibitors and ARBs	Outpatient surgical services
Anti-depressants	Non-preferred branded drugs
Antipsychotics	
Anti-resorptive therapy	
Antiretrovirals	
Antithrombotics/anticoagulants	
Beta blockers	
Buprenorphine-naloxone	
Glucose lowering agents	
Inhaled corticosteroids	
Naloxone	
Rheumatoid arthritis medications	
Statins	
Thyroid-related	
Tobacco cessation treatments	

DEPARTMENT OF HEALTH AND HUMAN SERVICES 45 CFR Parts 146, 149, 155, 156 and 158 [CMS-9916-F] RIN 0938-AT98 Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2021; Notice Requirement for Non-Federal Governmental Plans

Do “Lockdowns” Work?

Gerard Livaudais, MD, MPH

Executive Vice President, Population Health and Provider Networks

Hawai‘i Pacific Health

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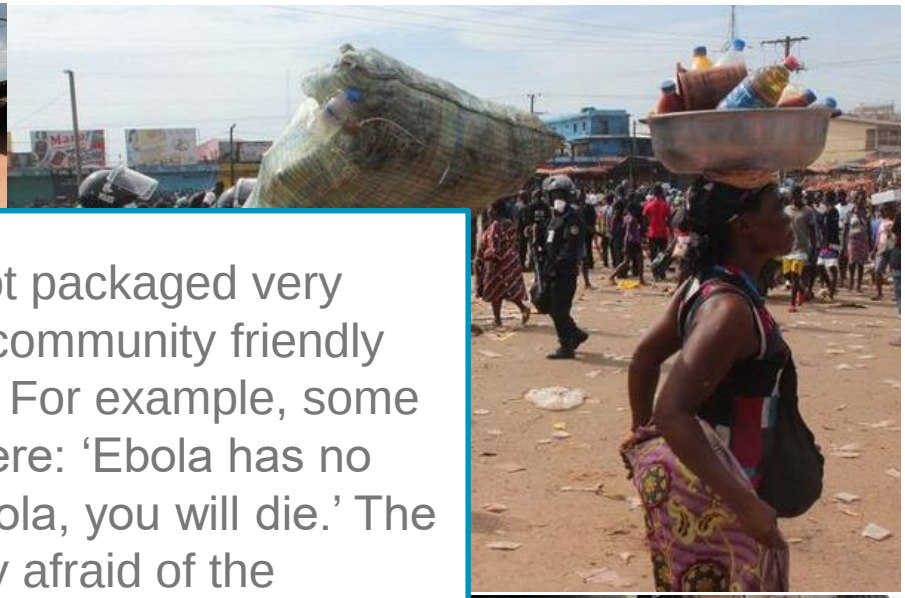


"Messages were not packaged very well, and were not community friendly from the beginning. For example, some of the messages were: 'Ebola has no cure.' 'If you get Ebola, you will die.' The population was very afraid of the disease and the communicators were doing nothing to reduce that fear." (Tolbert Nyenswah interview, 2015)

"Community engagement, and social mobilization more broadly, contributed to significant behavior change—from eliminating physical contact with others and reducing in-country movement to increasing handwashing and care-seeking practices—by engaging and motivating individuals and communities to create change in their lives and environment"
- Social Mobilization Lessons Learned: The Ebola Response in Liberia.

Health Communication Capacity Collaborative (HC3). (2017). Social Mobilization Lessons Learned: The Ebola Response in Liberia. Baltimore, Maryland: Johns Hopkins Center for Communication Programs.

Anders Tegnell, State Epidemiologist, Sweden

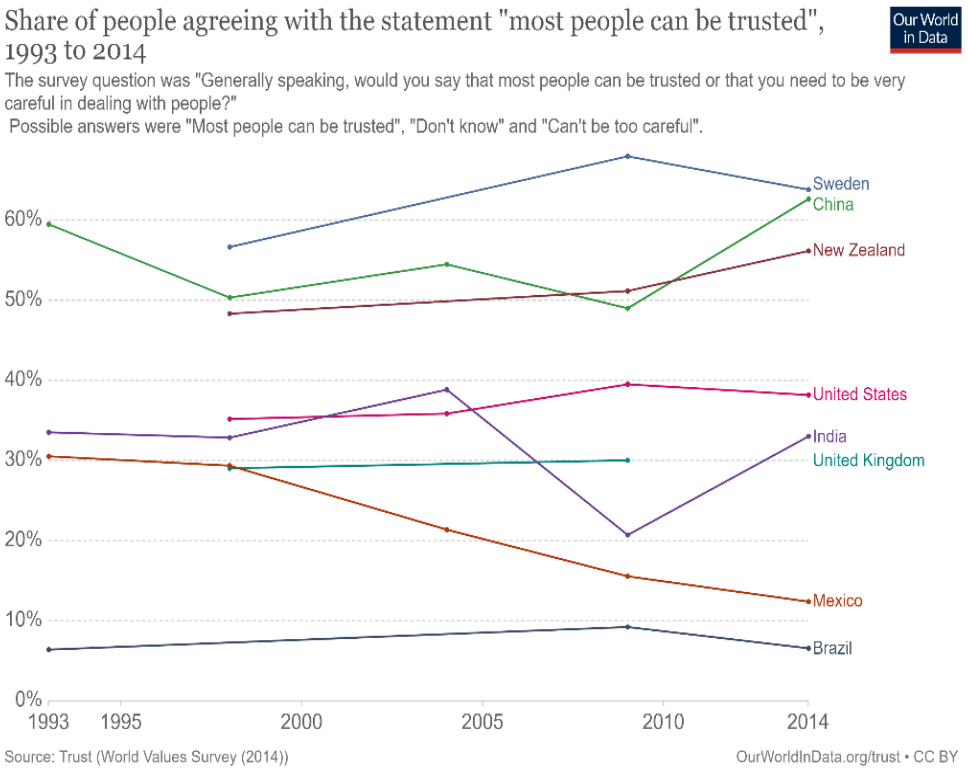
What Sweden Actually Did

Compulsory

- Invoked the Communicable Disease Act
  - Restricted travel and closed borders
  - Banned gathering of 50
  - Mandatory reporting and self-reporting
  - Compels people to reply to contact trainers
  - Makes available mandatory isolation, quarantine
  - “Intentional, negligent spreading of disease is a crime”
- Kindergarten and grade schools remained open
  - Upper secondary schools and colleges went virtual; Work from home if concerned (paid for by state)
- Closed off visitors to nursing homes

Voluntary

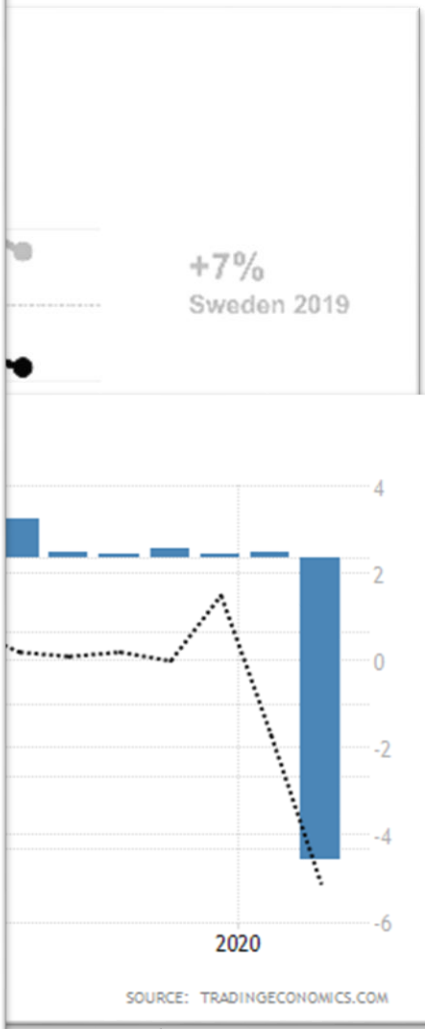
- Focused intently on public messaging
  - Distancing
  - Work from home
  - Stay home if ill (with pay from national health insurance)
- Did not require face masks
- Did not close bars and restaurants



What Actually Happened…

Country	Date (2020)	% SERO + ve (IgM/IgG)	Population tested	Reference citation
Sweden				
Malmo	April	4%	General	18
Stockholm	April	17%	General	18
Germany				
Gangelt	April	14%	General (super-spreader event)	19
U				
East	April-May	5%	General	20
London	April-May	17%	General	20
Denmark	April	2%	All Danish blood donors	21
USA				
New York State	April	12.3%	General	22
New York City	May/June	21.6%	General	22
Switzerland				
Geneva	April-May	5%–10%	Bus Sante screening study	23
China				
Wuhan	March	3%	General	24

very recent report from Spain also high-lights the lack of significant Ab production in a large studied population of over 60,000 infected people (ENE COVID study). Published:July 06, 2020 DOI:https://doi.org/10.1016/S0140-6736(20)31483-5



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COVID-19 is a Non-linear Pandemic of Clusters

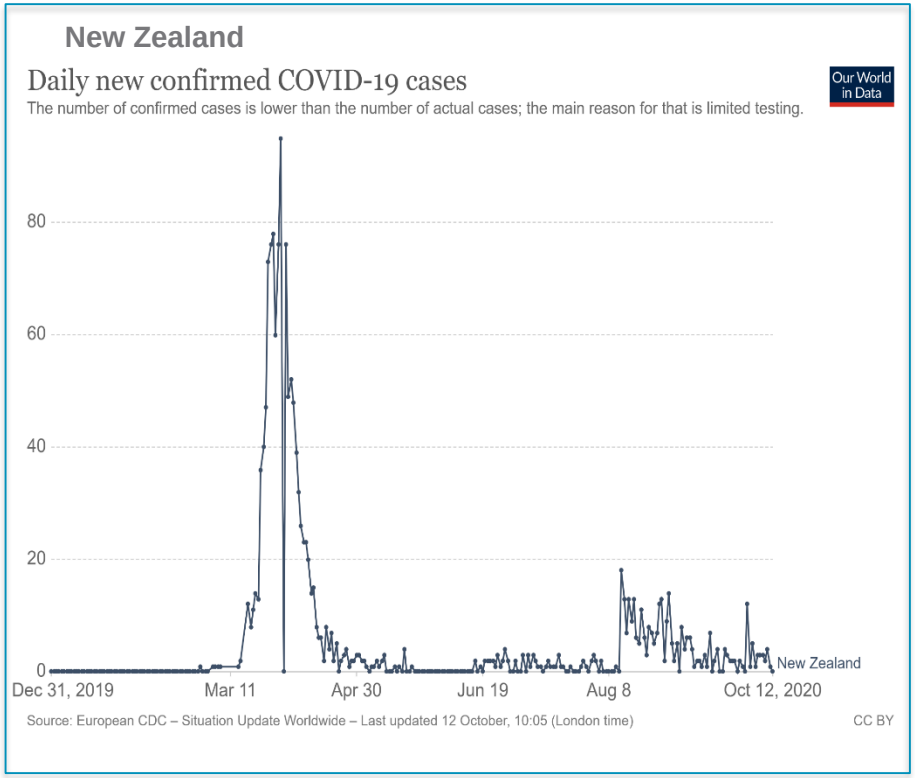
Initially lockdowns may be necessary

But then focus on “high cluster risk”:

a. Prevent
- Masks (eye cover) and distance
- Outdoors preferably
- Indoors with good ventilation (air changes/hour)
- Hand hygiene (less about surfaces, hygiene theater)

b. Protect (vulnerable populations)
- ~Elderly, socio-economically disadvantaged
- Housing density and sanitation (Singapore)
- Public transport
- Bars and crowds
- (know where the clusters are NOT happening)

c. Mitigate
- Testing (frequent and affordable)
- Identify and isolate the index case (from ~2 d prior to Sx to 3 d post)
  - Stay home (with economic support) if sick
- Quickly be the “cluster buster”
  - Backwards contact tracing
- Access to care and support



Why is there such a backlash against public health measures?

- Attacks on Public Health Officials*
  - 27 health officers in 13 states have resigned or been fired
  - Why?
    - US Individualism
    - The backlash against elitism
    - Empathic versus judgmental and shaming
    - Complexity, rapid problem solving and execution
    - Frustration with extreme measures
    - Lack of familiarity and trust
  - How to adjust?
    - Demonstrate understanding of public's values
    - Community inclusiveness with decision making

- Messaging
  - Understand the potential of social media (both good and bad)
  - Visible empathy
  - Symbolism - standing with known community figures
    - Example: "(there's)…no playbook for the decisions we face or the balance we should attempt to maintain" – San Mateo County Health Officer
    - Example: "The worst case scenario is simply intolerable. It would represent the greatest loss of New Zealander's lives in our country's history. I will not take that chance. The government will do all it can to protect you. None of us can do this alone." – Jacinda Arden, New Zealand's Prime Minister

*M Mello, et al. "Attacks on Public Health Officials During COVID-19". JAMA v324 n8 pp741-742. August 25,2020

It's Not About Lockdowns; It' Not "All or Nothing"

- Approach the public with empathy and respect
  - Expectation that they'll be reasonable
  - Keep the greater good as the visible reason to do anything
  - Avoid "shaming" and "abstinence" messaging –Holistic approach understanding the health effects of school, employment
- Avoid absolutes – understand pandemic fatigue and that humans will interact socially
  - Lockdowns, social isolation and economic stress are unsustainable
  - You can either help people choose the safest option, or shame them into clandestinely exercising riskier options
- Read and react
  - Schools are not innately super spreader events.
  - Going to indoor political rallies (or even some outdoors) are higher risk.
- Adopt a reasonable, measured approach
- Earn the public's trust

Julia Marcus. "Quarantine Fatigue is Real. Shaming People Won't Help.". The Atlantic May 11, 2020

COVID-19: Preparing for Fall

Melinda Ashton, MD

Executive Vice President

Chief Quality Officer

Hawai‘i Pacific Health

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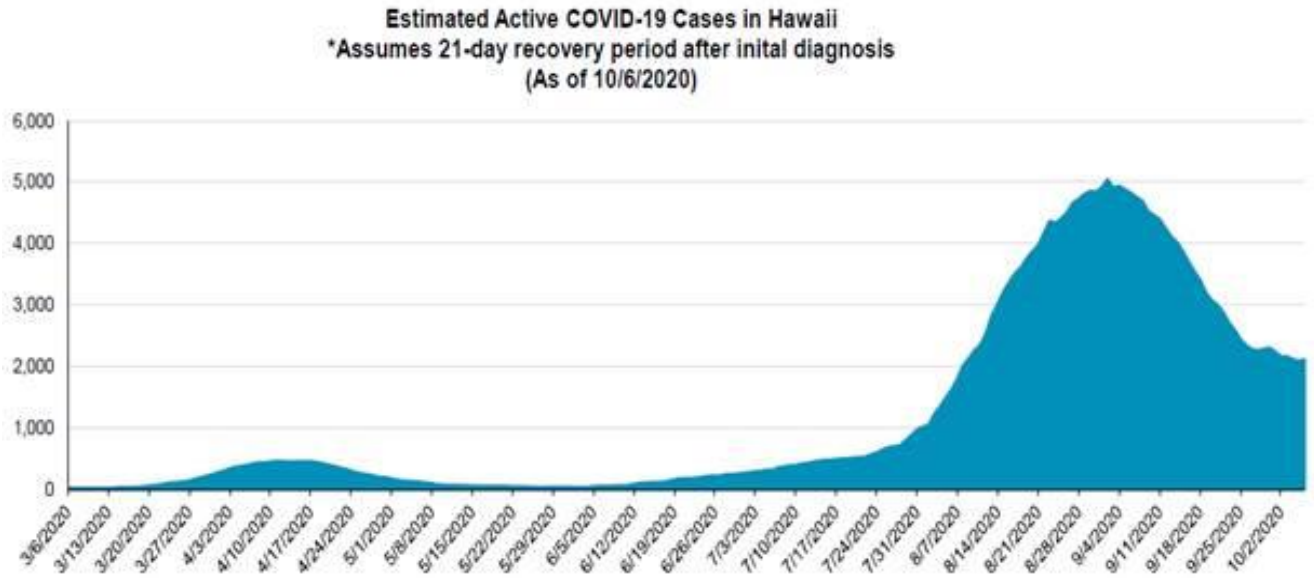

The two determinative metrics for the four tiers are set forth below:

METRICS	TIER 1	TIER 2	TIER 3	TIER 4
First Metric: New cases reported per day in the City (7-day avg.)	**More than 100**	**50 to 100**	**20 to 49**	**Less than 20**
Second Metric: Percent (%) of positive tests - AKA positivity rate (7-day average)	More than 5%	2.5 to 5%	1 to 2.49%	Less than 1%

Q&A

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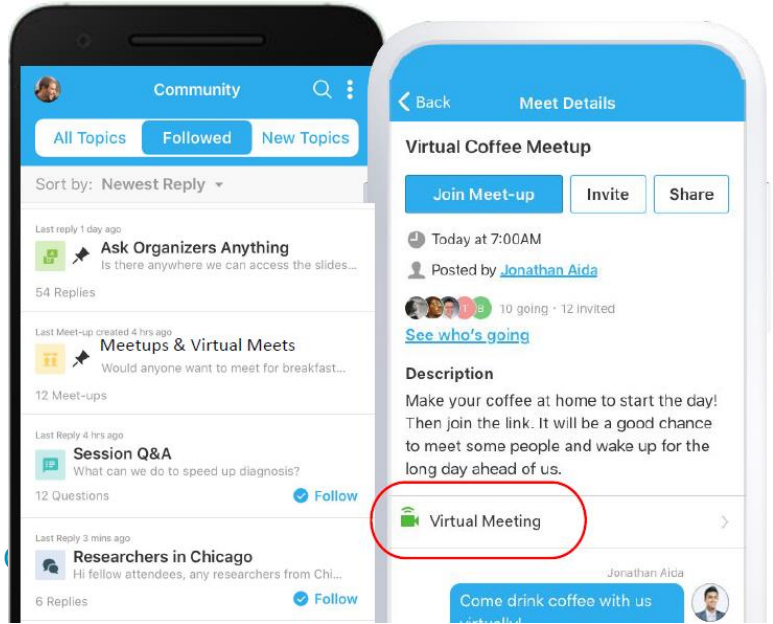
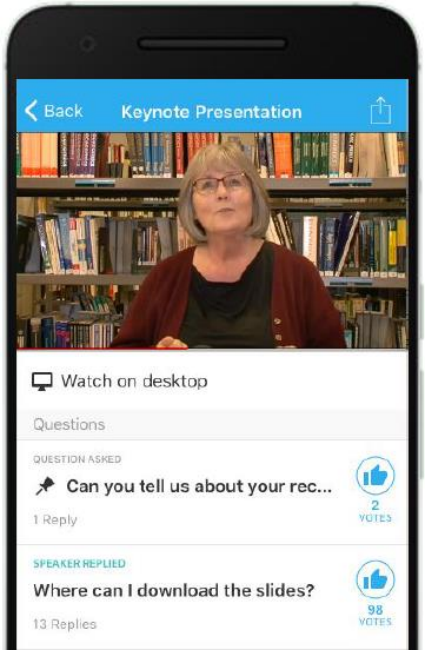
HHP 7th Annual Membership Meeting

- New this year
  - Event web portal & mobile app - Whova
  - Community giveback competition
- Wrap up with virtual meeting
  - Saturday, November 7, 2020
    - 8:00 a.m. to 12:30 p.m.



- Email invitation sent last week Friday, Oct. 9th
  - Step 1. Register via email invitation or online at HHP website
  - Step 2. Download the Whova app and/or visit the event web portal on HHP website



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Thank you!

- A recording of the meeting will be available afterwards.
- Unanswered question?
  - Contact us at Covid19Bulletin@hawaiipacifichealth.org

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CREATING A HEALTHIER HAWAIʻI