

Reporting Point of Care Rapid COVID-19 Test Results to the State

Webinar Transcript

April Faulkner:

Welcome to today's webinar: Reporting Point of Care Rapid COVID-19 Test Results To The State. Today's speaker is Catherine Glenz. Catherine is an account executive and technical project manager for the West Virginia Health Information Network. Catherine serves hospitals and ambulatory practices in the northeast region of West Virginia and is the post-acute liaison for long-term care, skilled nursing facilities, home health and hospice organizations.

April Faulkner:

Catherine is a registered nurse and currently holds certifications in health information technology and in legal nurse consulting. As an RN, Catherine provides clinical subject matter expertise for healthcare. She's also been actively involved in healthcare information technology from a design and development perspective with a focus on interoperability. She's provided expertise for the analysis, build, implementation and integration of software for several clinical applications.

April Faulkner:

Prior to working with the West Virginia HIN, Catherine has worked both domestically and internationally, serving as vice president of an internal European healthcare software company, and as a subject matter expert and clinical solution specialist for Microsoft and GE. Catherine lives in Beaver, Pennsylvania with her husband, but her family has ancestral roots in West Virginia and eastern Kentucky and loves to come back home. Thanks for joining us Catherine.

Catherine Glenz:

Thank you very much Natalie and thank you April. It's a pleasure to be here today. At this time with the pandemic, everyone is attempting to do the best job they can. First of all, I want to thank all of you for the work you're doing for your patients, for the work you're doing for your organization, and for the work you're doing in general because we know you're overwhelmed. We're hoping to make that a little bit easier. The regulations say that we have to do the reporting electronically to the state. We're going to go through how the West Virginia Health Information Network can assist you in doing that.

Catherine Glenz:

First of all, I'd like to introduce what the West Virginia Health Information Network is. We're going to call it the WVHIN from now on because it's a very long name to say repeatedly, West Virginia Health Information Network. The WVHIN is actually a health information exchange. With that, what we attempt to do is connect healthcare providers from acute care hospitals, post-acute facilities, regional and state HIEs and other organizations providing healthcare across the whole state. This way, you'll be able to have information right at the point of care. WVHIN is the state designated HIE.

Catherine Glenz:

Today, we're going to talk about basically public health. This public health focus is really why you're all here today, but there are a lot of other services that the WVHIN has and are going to be available to you as we continue our relationship. The WVHIN right now does public health reporting, which includes syndromic surveillance, immunization and electronic lab reporting for those reportable diseases. We also work with epidemiologists so that we can help them with their disease investigation and contact tracing. We provide reports of positive COVID-19 results to the 911 centers so first responders can be prepared as they respond to emergency calls.

Catherine Glenz:

Every organization that is going to be reporting through the WVHIN to the state has some requirements. Some organizations may already be WVHIN participants. Others may only be doing it for the reporting of COVID-19 only. If you want to be a full participant with the WVHIN, which would give you the additional services I'll discuss at the end, you would sign a WVHIN participation agreement. If you are connecting at this time only for the COVID-19 reporting, then we have a connectivity agreement that has to be completed.

Catherine Glenz:

Every facility has to provide the locations where they're doing testing, the addresses for each of those, and the CLIA number, which is your lab number because you're now essentially a laboratory. The type of COVID-19 test that is being done, and a user bulk onboarding form, and that's to credential the users. The reason for that is that the state wants to know where every device is and every type of testing that is being done. So that if there's any kind of issues, they can go back to that particular location if need be. So, it's a lot of little things that need to be done, but we can turn this information around very quickly and get you participating.

Catherine Glenz:

There's three methods to report COVID-19 results through the WVHIN, and the WVHIN is the preferred vendor for the state. We have what we call a health level seven, which is a standard interface from your EHR. We have an Excel type spreadsheet called a CSV file or comma-separated values file that you can pull from your EHR and you would set up with your IT department a way to transport that to the WVHIN daily. Most of you, however, are going to be doing the online form and that involves manual entry. It's much simpler though than both the HL7 and the CSV method.

Catherine Glenz:

What a user does is enter the information right there in a web portal online. The most important piece is that all the results are expected by the state to be reported, in their words, immediately. Immediately, like everything else, can be up for interpretation, but the state has told us that it means within 24 hours of the test being done.

Catherine Glenz:

So, these are those three methods. While the best option for the state is to get it electronically from your lab system, it's not as easily done and it can be expensive. If we're doing the CSV file, it's a good

option, but it does require some formatting and still a lot of entry in that form. Then the third option is the one that almost everyone is using with us and we found it to be very successful.

Catherine Glenz:

West Virginia is a dual reporting state. What that means is you're going to perform the test at your facility, and then with those results, if they're positive, you are going to give that to your local public health department. Most of you who are doing reporting at this time are already doing that step. The last step though is that you report all results electronically to the state, and that means positive, negative or indeterminate.

Catherine Glenz:

This session is actually a training session. Some of you, as you came in, I saw a few names that I recognized. This will be important, whenever I speak with you again, to let me know that you and any of the other staff in your organization have attended this. So that we can give you credit for that, which will allow you to become live once you have all the other paperwork done. So, we're going to train everyone here. As I said, positive, negative results for patients and staff. Some of you are testing a lot of staff. We have some organizations who are testing 300, 400 staff members. A positive reporting to the local health department, you continue to do in the way you have been doing it. This is not about that. This is about reporting to the state.

Catherine Glenz:

Then please think about, as you go through this, how many reporters should be trained in order to cover vacations or someone is sick or they're on a leave of absence, things like that. So that we make sure that you are able to keep up with that reporting within that 24-hour timeframe.

Catherine Glenz:

What you see here is the URL for our webpage. April and Natalie are going to be sending out this PowerPoint to you, so you won't have to write down every single thing I'm saying. You will have this in the credentials that you're sent as well as on this PowerPoint. The webpage is one place where all the WVHIN services are. You have a log in. You have a password, and then you're able to go ahead and go in. What I suggest though is that you make this a bookmark in your browser or a small icon on your desktop so that you're always able to get it.

Catherine Glenz:

Before you begin your reporting, right now we're going to get trained and we're going to have maybe a day or so or two or three days or next week, and all of sudden, you're going to come back and you sit down. We want to make sure that you have everything you need. So, pay attention as we go through some of the things you'll want at your desktop. Maybe you want something on a bullet board. You want a tablet beside you or something, but there's different pieces of information you'll want to have handy.

Catherine Glenz:

Like many of the things that we are using electronically now, whether it's a bank account or a credit card or something else you're using on your phone, we have what's called two-factor authentication. What that means is in addition to your email and password, you have to enter a security code once every 12

hours. For most of you, this will cover a shift. If you're working over, then potentially you would have to sign in a second time using that code. Other than that, every time you go in, you can just sign in using your email and password.

Catherine Glenz:

So, if you think about what you do, you will be putting in the email that you've submitted to us, the password. Then you will get a code, either on your phone or your email, and that's really almost immediate that happens. You enter that code, that verification code, and then you're into our home page. On the home page, this is what it looks like when you come in with one exception. For those of you who are not full participants in the WVHIN, you'll only see the home tab, which is orange right now, and you will see COVID-19 lab tools and no patient COVID-19 lab tools. This means that you'll be able to do your reporting, but you won't have access to the other services.

Catherine Glenz:

What you're going to see as you come in is an area for you to put in the patient demographics; last name, first name and date of birth. There's also a little button, and you can see it right now and I'll show you in the demo as well, where it says new search. That new search is so that you can clear out anything that's typed in the form here and go ahead and enter another patient. So, we'll go through this.

Catherine Glenz:

Whenever you enter the last name, first name and date of birth, that's the minimum required. You can put in gender or Social Security number, but it'll come up with a list of patients that potentially match that information. Knowing that people have similar names and sometimes even the same birth date, please choose carefully. If there's multiple names, you'll have to pick the one that you know is your patient. The match score, we use what's called fuzzy logic, will come up as likely, very likely or potential. I'll show you in the demo how just the slightest thing can make that change. So, do be careful and make sure that you're choosing the right patient.

Catherine Glenz:

Once you've done that, you will move over to the tab that says COVID-19 lab tools. What this does is pre-populate that form with the patient demographics. There's no clinical information there, but with the demographics. So, what you would see would be their first name, last name and their address, et cetera. If you get excited or distracted and you forget to search for the patient and you come over to those lab tools, it will give you this message, "You've not selected a patient. Do you wish to proceed without looking them up?" You just click search patient and it'll take you back to the home page where you can enter that last name, first name and date of birth. If you want to just go ahead to the blank form, you click proceed. It will take you to the blank form.

Catherine Glenz:

This is what the form looks like when you first sign in. So, you can see that towards the bottom of the page, there's the patient name and their address and so on. So, this is under that COVID-19 lab tools because we picked that patient. I'm going to go through each section individually so we can understand what is needed. The very first part of the form is the instruction. This is where it's telling you that any

information here is transmitted to the state health department, and they want you to be as accurate as possible.

Catherine Glenz:

What I've highlighted in blue is that because this form was done very quickly, if you think about the term that we turn this around, they continually make changes. At this point in time, that's the area that we have to enter the CLIA number. So, in the portion where it says organization name, and I'll show you this both in the PowerPoint and in the demo, we want you put the CLIA number instead. It may pre-populate with your org's name. Back it out and put the CLIA number. It's the problem that we've had so far in terms of these reportings. Other than that, at the bottom, it says again report within 24 hours of test completion.

Catherine Glenz:

At this point in time, I can tell you that the state has asked us to pass on a little bit of information, and that is that in the very near future, there will be penalties for those who do not report the test within the 24 hours electronically. That means that a phone call to the state does not work. That means that a fax to the state does not work. Potentially, the fine or penalty will be \$500 per test. So, for those of you who are having issues getting some of the paperwork pushed through, your legal department or your administration, please let them know that we'll be hearing from the state very soon as to what those penalties may be. At the bottom of the page, I have an inverted triangle and that's because as you go through the form, every place you see that, it is a dropdown menu for you to choose from.

Catherine Glenz:

The next section of the form is the patient information. This is where, as you move forward, you have to distinguish between testing a patient and testing staff. Let's start with testing staff. If you are testing staff, and some of you are testing weekly or every two weeks or once a month, you need to have a employee list with a number that is unique to each employee. You'll use the same number each time. That number could be their employee number or it could be whatever you use, it's the same. So, if we look at it from the perspective that you've picked the patient, so meaning you've picked the staff member because there's someone who is in the WVHIN, their local medical record number may already be there. Think of it as their MRN. But if they don't have a medical record number because they may be an employee that lives out of states and comes here but does not get healthcare in West Virginia, you may not have something. So, you have to think about the process that you use to identify your staff.

Catherine Glenz:

For any patient testing that you do, you would use the EMR medical record number. Now, I've been also doing a few that are assisted living and they don't have an EMR. Again, finding numbering system that works for you and you would use that uniquely. What we see in the patient information then are also red asterisks. Red asterisk throughout the form means it's a required field. Any red asterisk field that is not completed, when you go to hit submit, will prevent the form from being submitted. So, you can see that first name and that medical record number, et cetera, have asterisks. However, middle name doesn't, home address too doesn't and email doesn't. So, if you don't have that information, you can go ahead and leave that field untouched.

Catherine Glenz:

Any place where there's a small I, as you look at the form, you can hover over it and it'll give either a definition or the reason for that piece of information. For example, the mobile phone number, and it can be any phone number. Think about it just as a contact phone number. If you hover over it, it will say it's for contact tracing.

Catherine Glenz:

The next section is the actual test result. So, that point of care test result information is going to be here. Most often the first field, which is date of testing, will be the same as the specimen collection date. However, I know understanding that you work 24/7, you have things going on all the time. It is potential to have a specimen collection date at 11:55 PM and the date of testing that would be at 12:05 AM. So, do make sure you have the information correct. But most of the time, this will be the same day. We'll go through each field in the form as we do the demo, but it's going to ask specific questions that are related either to patients in your congregate setting or to your employees or to both.

Catherine Glenz:

So, is this the patient's first test? It's going to be a yes, no, or unknown, and the same thing with are they employed in healthcare. You go through each of these fields. Is the patient symptomatic, what are the symptoms, et cetera? Each dropdown area will give you options. There's only one area that allows you to pick a multiple and that is symptoms, and it says, "Select all that apply." You don't have to hold down the control button or shift key in order to select them. You click on them, they will stay clicked. I'll show you how if you make a mistake you can just unclick and be able to make sure the right symptoms are documented.

Catherine Glenz:

The test name is especially important, and that is because we need to know what type of test and what type of specimen is done. Many of you have the test the BD Veritor Plus System. That has already been entered into the system, and that's one of the reasons we ask you what kind of test are you doing. Each test though has a specimen type. Many of them like BD Veritor just has one, which does external nose swab. Other ones have up to seven or 10 depending on the type of specimen. If you change tests or devices any time once you're training, please make sure that the WVHIN knows so we can notify the state and we can make sure that the new test that you're using is also in the system to select.

Catherine Glenz:

The specimen collection date, we talked about, but then we have the result. The result, we all talk about is it positive, is it negative. When we're documenting this electronically, it is detected, not detected or indeterminate. So, one of those has to be entered. The test ID and device ID are related to the test themselves. Depending on the type you have, you may have a notation on your device as to the test ID. And on the device itself, you may have a barcode that identifies that device. We'll talk about that in the demo as well.

Catherine Glenz:

The next section is the physician information. This is part of what I said about keeping all that information right at your fingertips. You have your employee numbers. You have your CLIA number

there. You have your MPN number. Just have them on your bullet board or on your desk in a tablet so that you have that when you report. You will put in the physician's name, their MPN number, which is their national provider identifier, and then their phone number. Once you've put that in, once you trace, you'll be able to just go to the save physicians, click it and that physician's name will be available. So, some of you may only have one physician and one medical director. Others of you may have dozens. So, all of that will be staged. So, in addition to picking the patient's name and that defaulting in, you'll also have then the stage physician, the same with the test. We're trying to make it as easy as possible for you to get this information in quickly and be less of a burden to you.

Catherine Glenz:

The last section is that organization information. This is where it may default to your org's name, but we want you to clear that out and put the CLIA number in here. This is what the state is using to match in order for you to have that information. The CLIA number goes where the name is, and then the tax number, address, state, and ZIP. Once you've completed all these things, you're going to submit the information. Please check before you submit that it's correct. You click submit down at the bottom of the page, and then when that comes up, you will be able to print it. So, that information goes to the state, but you may want to print the information to keep for your records as an organization for employees who are the patient's chart for a patient. If there's anything that's needed in terms of documentation for any other reason, you will have that as well.

Catherine Glenz:

Now you can save this as a PDF. So, you could save it to a file on your computer. Many of you will do that. You could print it off in the same way. Instead of definition PDF, you pick your printer. But once you've done, you are responsible for the PHI. So, we've presented the information in the form, et cetera, there in the web portal that you signed onto and you're completing this. Once you save it to a PDF on your computer or downloading it or printing it, you would use your organization's individual policy in order to protect that PHI for HIPAA as you normally would.

Catherine Glenz:

When we signed in, we saw the tab that says no patient COVID-19 lab tools. So, those people who perhaps are employees and are not in the WVIN system, then you would just go ahead and go right over to the no patient COVID-19 lab tools. All it does is give you a blank form. So, it's the same process as when you've picked a patient, but a different tab. When you get there, what you're seeing is that blank form. You complete it and then you're done.

Catherine Glenz:

A few things that are important is that we don't want you to enter any test messages in the form. Sometimes people attempt it to see does it work, what happens when I click submit, and so on. I've shown you in the PowerPoint what will happen. Please do not enter text messages. The state does not distinguish between a test message and a real entry into the state database. Just by saying that well I've used the name Santa Claus or I've used the name Minnie Mouse, I can tell you that I have met both of those people in real life. So, people name their children many different things. Please don't use a test message.

Catherine Glenz:

We meet all HIPAA privacy and security requirements and so we're compliant, but that means you need to be compliant too. So, please do not share passwords. I know that you're tempted because you have to get this information in, and that's why we ask for more than one reporter, but do not share passwords. If someone uses your password and does something in the system, it will be attributed to you. Your passwords have to be changed every 90 days and you will get a notice right on the webpage 14 days prior to that expiring. Everything that is done in the system, like all EMRs, is logged and if need be, we can audit that to see what a user did.

Catherine Glenz:

Each organization needs to appoint two points of contact. They may or may not be reporters. So, this is basically for the credentialing. They will approve the users. When there are questions about a user, we will go back to that person. They tell us, "Yup, this is so and so. We want them to be able to report these results." You will get a password and login from the crisphealth.org. So, CRISP is our technology partner. So, anytime you see CRISP Health or WVHIN.org, that is both the WVHIN in terms of communicating to you.

Catherine Glenz:

Once you get your login and password, you're going to get in the email, you have 48 hours to login. After that, if you haven't logged in, say you got it Friday afternoon and you were off on Friday. You come in Monday and there is your password email. What you would do is go ulp.wvhin.org, and then you would put in your email. Instead of trying to put in a password, you're going to click forgot password. That will allow you to go through the process and we'll get you up and running. Any concerns after that, I'll give you the support number in this as well.

Catherine Glenz:

For those people who are the points of contact, we do have a management tool to make sure that all users are verified every 90 days. In fact, everyone has to log in at least once every 90 days. Right now, during the pandemic and you're doing reporting, you're going to be doing it within that timeframe. But afterwards, if you aren't using additional WVHIN services, it may be something that you have to think about.

Catherine Glenz:

Right now, if you have any issues, we ask that you reach out to your outreach person. I have the northeast and I have most of long-term care, so that means me. But if you have any issues, then as we prepare you to get ready, including all the paperwork, this training and so on, you'll know who your contact is. Reach out to the WVHIN if there's problems. Afterwards, if there's any issues, we do have a customer support team. We have a help desk 24/7 and the best thing to do is call them. The phone number is on the PowerPoint that you'll get, but we do have an email as well.

Catherine Glenz:

Some of you will be working on a Saturday, so you'll be reporting on a Saturday. Just so you know, the first Saturday of each month, we have a short five-hour downtime very early in the morning, 5:00 AM to 10:00 AM. So, when that's happening and you don't have to try to remember when it is. Right across

that webpage where we put in the patient name, there will be a banner that says that we're having system maintenance.

Catherine Glenz:

I'd like you to know that for those of you who are not participating at this time that the WVHIN offers many other additional services. Especially for those of you who are completing some of the requirements for the new payment model, PDPM, for those of you who are doing transitions of care, et cetera, we have a lot more. So, after we have our legs under us with all of this reporting, I'm glad to work with any of you to extend your services, your credentials to be able to access additional services.

Catherine Glenz:

So, what we have besides the patient demographics, we have lab results, radiology results. We have discharge summaries, progress meds, operative reports. We have the advanced directives and medical orders from the end of life registry in Morgantown so that you have that information 24/7, not just whenever you can call them during the week. The medical orders for palliative care are also included there. There's care team information for anyone who participates in the WVHIN and has had that patient before that they're following. You can get that information. We have alerts, including COVID-19 lab results that you're able to find.

Catherine Glenz:

Then we have other encounters, procedures, diagnosis, medications, all of those kinds of things that it takes to have a more holistic view of your patient especially when they aren't able to remember or convey to you their history or their family, or caregivers aren't able to give that either. We also have encounter notification services so that perhaps if you have a patient that's going to dialysis, they haven't returned yet. If they go to the emergency department or admitted to the hospital, you can get a notification of that as well.

Catherine Glenz:

I'm going to go ahead and demonstrate what the system looks like. I just want you to know as we move into that that most of you are using one or two systems. We have a few, what we call different or oddball ones out there. But there are hundreds of these tests right now. That's why it's imperative that we know what test you're using and/or if you change tests at the same time.

Catherine Glenz:

If you need more information, we're going to be going through, at the end of the demo, the chat questions that are entered. If you need more information at any point, please contact info@wvhin.org, I-N-F-O@W-V-H-I-N.org, and you'll get a copy of these slides. So, we'll be able to give that information to you. Okay.

Catherine Glenz:

I'm going to go ahead and change to sharing my screen. Okay. At this point in time, I'm going to go ahead and give you the demo of what the system actually looks like. What you're seeing right now is the actual webpage. Let me turn down my volume because I'm getting notifications of those chats here. Let me close that. There we go. What you see here then is the... It's still going. Excuse me. Okay. What you

see here is the unified landing page. The unified landing page is our web portal. This is where you put in your email address and your password, go ahead and sign in. With that sign in then, you are able to access that search page. This is where if it's after 48 hours though and you have not opened that link, you will go ahead and put in just your email address here and then you click this, forgot password, and it will take you through the process of setting up your unique password, your own, and the multi-factor authentication.

Catherine Glenz:

Whenever you first sign in, remember that's when you're going to get that. I've already signed in today, so I'm good for my 12 hours. What we see here then is the home page. This is patient search. This is where we put in the last name, first name and date of birth. The gender and Social Security number are optional. It may help you to put that in to make sure you have the correct page and if you have someone who has a very common name. So, we're going to go ahead and put in Gilbert Grape. Gilbert Grape is my test patient. Whenever I go ahead and click Gilbert, I have the birth date here. So I'm go ahead... His birth date is 1984, but I'm going to put in 1982 because I want to show you the patient matching.

Catherine Glenz:

So, patient matching, we have patient search here. What do we have? We have a match for a potential. That's because you birth says 1984. We want to make sure that the information is correct as possible, but just to show you whenever I put in the correct birth date, that match score goes from potential to very likely. If you have multiple patients in the list whenever you do your search, this check box will not be checked because you have to choose which patient. But if there's only one, it is. So, what we see here is we've got Gilbert Grape. We would go right to the COVID-19 lab tools. This means that Gilbert Grape is going to be included, all his demographic information right on the form.

Catherine Glenz:

This is that reminder of putting the CLIA in the org's field and we go right into the form. When we hover over each of these sections, we can see the local medical record number here. This is where you'd put that in. So, your EMR may have five or six or eight digits, or you would put in the employee identification number. First name, last name, date of birth, gender, it's male, female or other, and the mobile phone number. As I said, when you hover over this, you can see it says for contact tracing. If it's their home phone number, still put it in. If the only number you have is their work number, put it in. Just make sure that there is a phone number there. The demographics, with race, you'll go ahead and choose which race you want to enter, ethnicity and the preferred language. So, there's several languages here. It's not the end all and be all, but it should cover what you need.

Catherine Glenz:

The next section is the POC test result. This is where I said the date of the test and the specimen collection date should be the same. Is this the patient's first test? Yes, no, or unknown. Are they employed in healthcare? Yes, no, or unknown. Is the patient symptomatic? Yes, no, or unknown. Then you enter the date of the symptoms if you know that. If don't, it's not a required field. The symptoms, this is where I was saying, you can just go ahead and choose the things that the patient has or the staff member has in terms of symptoms. If you make a mistake, you just unclick it and you can choose all of them or none of them. If the symptom that a patient has is not on this list, then just leave it blank.

Catherine Glenz:

The reason I say that is because the CDC provided this list, and so it's the only thing they've asked you to enter if it's one of those symptoms. Is the patient resident in a congregate setting? Yes, no, or unknown and then the type of setting. So, you can see that there's several organizational types. You may want to choose nursing home, long-term care. Choose the same thing each time though, whichever one you decide. Is the patient pregnant? This is most likely your staff members? Yes, no, or unknown.

Catherine Glenz:

Then we come to the test. As I said, there are literally hundreds of tests and I can just give you a sampling to see. That's just the As and Bs we have in here right now. All you do is type in BD, and we'll just use the BD Veritor as an example, and then the specimen type shows four of the internal [inaudible 00:43:25]. However, if we type in one of other ones, and the reason I show this is to show that there can be multiple specimen types. Is it a sputum specimen? Is it a throat swab? Is it nasopharyngeal and/or nasopharyngeal and oropharyngeal, et cetera? So, there's all obviously lots of different things that are in there. We want to just go ahead and keep the one that you're using in here. But if you change, please make sure you let us know.

Catherine Glenz:

The data collection and the result, in here is where that result is detected, not detected or indeterminate. The test ID is assigned by the instrument. It can be left blank, and the device identifier or their barcode, it can be left blank if you have not that information. Here's the physician information and then the NPI number and the phone number. As I said, afterwards, you come back and that information will be here and you can click a dropdown to pick your physician.

Catherine Glenz:

This is the point where you're going to just put the CLIA number. So, you're going to put in 51DXXXX, whatever your CLIA number is. Then you'll put in the fax number, the address, city, state, and ZIP. Whenever you put in the organization name or leave it, it comes back message fails. So, please make sure you put the CLIA number in. I take my own advice, so I'm not going to hit submit because Gilbert Grape is not a real patient.

Catherine Glenz:

When you come back to home to do your next entry, you go over to here, to this new search, and click new search. That blanks this all out. If you come up with no patient name, at that point, you come over here to no patient COVID-19 lab tools and you have a blank form to complete. Just an FYI, if you're doing repeated testing, either on patients or staff, the state does send us that information back. It takes about three days or so. So, if you do a test on someone and you come back in a week or two weeks, that information should be there. So, do that search then. Come back to here. So, if I tested two weeks ago, all my staff, and I come back in, now it's two weeks later. Go ahead and put in your staff member's name and search for them, and they should be there. Okay.

Catherine Glenz:

At this time, April, will you open up the patient chat and let's go through the questions that we have.

April Faulkner:

Okay. We're going to move into the Q&A session of this portion. Natalie, did you want to read the questions we've received?

Natalie Tappe:

Sure. I'm sorry. I was on mute. Yeah. One of the questions Cathy was, have the Abbott testing kits been added into the test name?

Catherine Glenz:

So, there was an Abbott test that everyone is calling it Abbott Binax, but it also has another name that was very different. It was a polynucleic blah blah blah. So, we talked to the state and asked them to put that in. So, you can see now that it is here. Before it was just under SARS-CoV-2 nucleocapsid protein antigen test. They've now added the Binax code COVID-19 AG. So, if you type in Binax, it is there. If there's any other tests, like if you go to put in Abbott, it doesn't really show because it's not the main one that's there. It's the test name itself. So, when you go into enter this, you would look for the name of the test, not the company that gave it to you.

Natalie Tappe:

Okay. Thank you Cathy. Another question was, I have tried multiple times to login. I did the password reset and it is, "State password reset link is no longer valid." I literally attempted to login as soon as I received the email. Help.

Catherine Glenz:

Okay. On that link, in the email, yes, it doesn't work. But if you go to ulp.wvhin.org and put your email in the homepage here. I'm sorry in the signing page here, if you put it right here and then click forgot password here, it should work. If it doesn't, the phone number at the bottom of the PowerPoint presentation that we're giving you for support, that's who to call at this point because they will work through your login issues. That's a great question. Thank you.

Natalie Tappe:

Okay. The next question. When reporting within the 24-hour timeframe, do we report when test collected or after result received?

Catherine Glenz:

The 24-hour timeframe is reporting the test result. So, you have to have the result to report the test. Am I understanding that question correct, Natalie?

Natalie Tappe:

Yeah, that's how I read it.

Catherine Glenz:

Okay.

Natalie Tappe:

When reporting within the 24-hour timeframe, do we report when test collected or after result received?

Catherine Glenz:

Okay. It is result received. Thank you.

Natalie Tappe:

How do we get access to WVHIN?

Catherine Glenz:

At this point in time, some of you, as I said, I recognized as you came in by name. But if you've not been in contact with the WVHIN, you would send an email to info@wvhin.org and they will give it to the appropriate person. As we go through this, as I said, I have northeast region. Because they're so many at this point, I have help from my other outreach colleague who will work with some other people. So, if you're down in the bottom of the state, if you're in Logan County, if you're over near Maryland, I have someone else to work there, and so in Arlington, Charleston and so on. You certainly may get me because I also go through and manage the other ones. So, info@wvhin.org. We'll be glad to work with you.

Natalie Tappe:

Thank you. You mentioned additional information is available in the future. Is there a cost associated with that information for nursing homes?

Catherine Glenz:

All the additional services for the WVHIN, there is not a cost to the nursing homes at this point. So, we would love to have all of you on board and be able to access that information. We're especially glad now that we have the new payment model, the PDPM, to be able to give some of that clinical information you need in terms of diagnosis and procedures to complete your documentation, but mostly to take care of your patient. So, there is no cost, and we're glad to work with any of the orgs to bring you on board to get more access and value.

Natalie Tappe:

Okay. The next question is, for clarification, if the 48-hour window to create login expires, who do we contact?

Catherine Glenz:

Again, if the 48 hours has gone by, just come to the sign on page, put in your email address and click forgot password. If not and you're not able to get in, at that point, please call the phone number that's on the support slide that's in the PowerPoint presentation and they will work with you.

Natalie Tappe:

Okay. Next question. When asked if this is a patient's first test, does that mean first point of care or POC test with our testing device or first overall COVID-19 swab?

Catherine Glenz:

That's a great question. Thank you. It is any COVID test. So, if for some reason they had been exposed probably before or it was another screening test at a different facility and they used the blood test, whatever, it doesn't matter. So, if they've ever had a COVID-19 test, the answer would be yes. If you're not sure or they go, "I don't know. I was at the hospital. I don't know what they did or not did." Just put a no. So, just do the best you can with that question. Obviously, when you're screening staff, if this is the first they're tested, you're only going to have that first test one time. Every two weeks or every month or once we get past this newer, you're going to go ahead and make sure that that is correct. At that point, it's going to be no.

Natalie Tappe:

Okay. Let me check here. We do have one other question, and I think we then have to wrap it up. Can I back date a test?

Catherine Glenz:

Yes. What we ask is if we bring you live, if you need to back date a test, maybe during the past week you've been doing some testings and holding a few of them, you can back date it to be the correct one. Once you have any of your tests in that, should be we want you to keep up to date. But if there is a need to back date a test, you can.

Natalie Tappe:

Okay. Great. Oops. Here is another one. Is there a report option that allows us to retrieve past entry reports? Are there any cumulative report options?

Catherine Glenz:

Not at this time. That's an awesome question. Part of that is because they have the print capability so that whenever you do it, you can go ahead and print and/or save it to a PDF on your computer. But it's because it's developed so quickly in order to respond to the pandemic and the contact tracing need that that functionality is not there at this time.

Natalie Tappe:

I believe we have time for one more question. I am the CEO of our facility and completed the test patient agreement and submitted yesterday. I named my infectious disease preventionist as primary and my administrative assistant as secondary. Can I have myself as a contact?

Catherine Glenz:

Absolutely. Whenever we fill out the bulk form for the users, then what we would do is that the first two people would have the COVID-19 reporting role. You would just be a point of contact for the organization. So, that's fine. Absolutely.

Natalie Tappe:

Okay. I think we're almost to the top of the hour. I would like to take this opportunity to thank Cathy for joining us today. There it is. I was going to ask April to post the information@wvhin.org. If you have any questions, please email them. Also, I would like to give a update on our next sharing call. We'll be meeting at, the day is, and once you get the invitation, it's for November 4th, and it's looking at a statewide nursing home transfer sheet. So, Cathy will also be presenting on that. So, be on the lookout for that invitation as well. Once again, everyone, thank you to Cathy, thank you April and thank you all for joining us. We hope to speak with you soon. Thanks so much and have a great day.

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