



HUMAN  
SERVICES  
DEPARTMENT



# MEDICAL ADVISORY TEAM AND MODELING

JULY 31, 2020

SECRETARY DAVID R. SCRASE, M.D. & ALEX CASTILLO SMITH

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# NM MEDICAL ADVISORY TEAM (MAT)

- In accordance with [2018 New Mexico Crisis Standards of Care Plan](#) and declaration of the Public Health Emergency, NMDOH activated the MAT, which serves an advisory role to DOH Leadership to:
  - Facilitate Coordination and Planning
  - Develop recommendations, Guidelines or Protocols
  - Provide guidance
  - Prepare to address emerging questions
  - Source for expert opinion
  - Source for identification of resources
- Led by Mike Richards, MD, for 3 months, now Laura Banks, DVM, both from UNM
- Over 170 participants at peak activity
- Very strong vehicle for a public-private partnership to fight COVID-19 pandemic

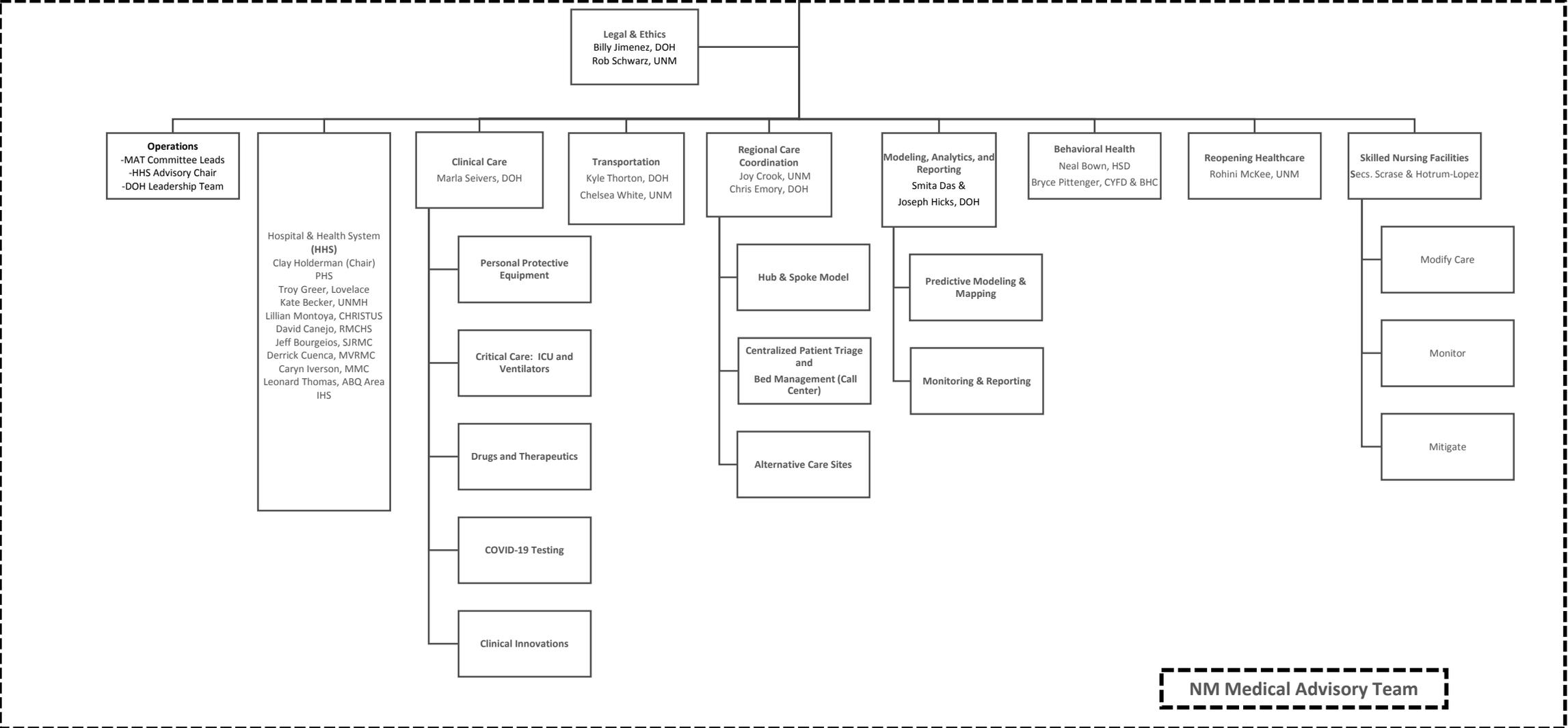


Michael Richards, MD, MPA  
Vice Chancellor for Clinical  
Affairs, UNM Health System



Laura Banks, Assistant Professor,  
Dept. of Emergency Medicine,  
School of Medicine, UNM

# NM MAT ORG CHART (7/31/20)



NM Medical Advisory Team

# NM MEDICAL ADVISORY TEAM (MAT)

MAT's 46 public documents organized using tags below:

- [Behavioral Health](#)
- [Children & Youth](#)
- [Clinical Care](#)
- [Drugs & Therapeutics](#)
- [Nursing Facilities/Long-term Care](#)
- [Personal Protective Equipment \(PPE\)](#)
- [Public Health](#)
- [Regional Care Coordination](#)
- [Reopening Healthcare](#)
- [Testing](#)
- [Workforce](#)

## MAT Resources

[Home](#) » [Medical Advisory Team](#) » MAT Resources

### **Prioritization of Remdesivir Distribution & Treatment for COVID-19 (Revised)**

Jul 29, 2020 | MAT Resources

New Mexico will not receive enough remdesivir for hospitals to allow every eligible patient to be treated with remdesivir under the Emergency Use Authorization.1 We recommend allocating remdesivir to hospital facilities and patients based on the guidelines provided by...

### **Mask Guidelines for Children and Youth (Revised)**

Jul 21, 2020 | MAT Resources

In response to the COVID-19 pandemic, masks will be required of everyone in NM except infants and children under the age of 3 in public places, with exceptions for eating and drinking, and medical requirements. The U.S. Centers for Disease Control (CDC) does not...

### **COVID-19 Children & Youth Frequently Asked Questions (Revised)**

Jul 21, 2020 | MAT Resources

The MAT has developed a series of FAQs for parents and caregivers about COVID-19 in pediatric patients, covering topics such as symptoms, prevalence of COVID-19 cases among New Mexican children,

# SAMPLE OF RECENT MAT RESOURCES

- [Prioritization of Remdesivir Distribution & Treatment for COVID-19 \(Revised\)](#)
- [Mask Guidelines for Children and Youth \(Revised\)](#)
- [COVID-19 Children & Youth Frequently Asked Questions \(Revised\)](#)
- [Long-term Facility Resident Cohorting Recommendations](#)
- [Phase 1 Reopening Guidelines for Dental Care Settings \(Revised\)](#)
- [Literature and Online Resources on Interventions to Support Residents of Long-Term Care Facilities Experiencing Social Isolation, Failure to Thrive, and Cognitive Impairment](#)
- [Recommended Activities for Residents of Long-Term Care Facilities Designed to Mitigate Feelings of Social Isolation during COVID-19 Pandemic](#)
- [COVID-19 Best Practices across NM Long-term Care Facilities](#)
- [Antibody testing guidelines for healthcare providers](#)
- [COVID-19 Antibody testing guidelines for the public](#)

## FREQUENTLY ASKED QUESTIONS ABOUT CHILDREN AND COVID-19

### 1. What are the symptoms of COVID-19 in children?

- A. They are similar to adult symptoms (fever, cough, runny nose, shortness of breath, muscle aches, fatigue, headache, vomiting, diarrhea, loss of taste or smell). Children are more likely to have abdominal symptoms such as vomiting or diarrhea, and somewhat less likely to have cough and shortness of breath. Infants may show difficulty feeding or behave irritably.

### 2. Does NM have more COVID-positive children than other states?

- A. Many states (and countries) initially focused on testing hospitalized, severely ill or elderly patients. New Mexico has done broad-based testing and also prioritized contact tracing, which can help identify children and other household members of positive cases. Early on, NM was identifying a larger percentage of children, but now other states are reporting similar numbers as they are expanding their testing. Children birth to 17 make up approximately 11% of total cases identified as of mid-July. Children under 5 make up less than 2% of cases. Some studies show that children are less likely to be the initial (index) case in a household. This is partly because they are more isolated and less likely to be exposed. However, children under 10 also seem to be less likely to be infected even when exposed to a positive household member.

### 3. Are kids in NM getting sicker with COVID-19 compared to other states?

- A. No. Most children have had mild symptoms and very few (less than 1%) have been hospitalized. In general, children seem to be less severely affected by COVID-19 than adults, and this is true in NM as well.

### 4. Which children are at highest risk from COVID-19?

- A. Like adults, children with pre-existing conditions are at higher risk of COVID-related complications. This includes conditions like immune-suppression, diabetes, obesity, or chronic heart or lung disease (but not mild asthma).

### 5. How can children get tested?

- A. Children can get tested wherever adults are tested, including at public health offices around the state or at local testing events. Hospitals that treat children can test

# COMPLETED MAT INQUIRIES

1. PPE for a single average hospitalization, by type
2. Testing methods overview, effectiveness, and availability
3. What is the role of BiPAP and CPAP in treatment of COVID?
4. Number of ventilators NM have on-hand, and approval for sale
5. Remdesivir Treatment Recommendations
6. Review of travel order
7. Review of Wonfo test kit
8. Review of Gibson proposal, and Hilton Gardens
9. Review of DOH on-line screening tool
10. PPE recommendations for ICF's/IID's
11. PPE for stockpile, PPE burn rate, sterilization, prioritization, 3D-printed PPE feasibility
12. Review of COVID-only hospital
13. Equipment list for MFS
14. Appolo-19 awareness for the Governor
15. Cloth masks effectiveness
16. Should NM obtain hydroxychloroquine sulfate for treatment?
17. Tracking intubation drug supply
18. Provisions for people who may experience dangerous levels of alcohol withdrawal
19. mLIFE DX COVID test kits offer
20. Deployment of mobile PPE sterilization unit
21. AirLock389 Anti-Viral N8 Mask validity
22. Election preparedness
23. Public health practice implications for COVID-19 in children
24. Relaxing requirements for Pas and podiatrists
25. Evaluation of vents and kits offered by Odyssey
26. MAT Call Center recommendation
27. Resumption of medically necessary procedures: medical offices
28. Resumption of medically necessary procedures: surgeries and hospital procedures
29. Public health gating criteria
30. COVID-19 safe practices for all New Mexicans
31. Antibody messaging for clinicians
32. Antibody messaging for providers
33. Antibody testing overview and state recommendations
34. Standardized Treatment Guidelines for acute care facilities
35. Guidelines for treatment of COVID-19 associated coagulopathies
36. Use of hydroxychloroquine (HCQ) for treatment of COVID-19
37. Use of BH Agencies for COVID-19 test sites
38. Pediatric testing
39. Remdesivir distribution
40. PPE State stockpile distribution
41. Choir singing restrictions
42. PPE Reprocessing guidance
43. Pediatric Inflammatory Syndrome guidance
44. Pediatric masking guidance
45. COVID-19 testing
46. Mask related disability accommodations
47. Abbott ID NOW validity
48. Long-term care data collection
49. Strategies to increase PPE supply and decrease consumption
50. How to define recovered cases
51. Series of recommendations related to long-term care facilities

# COMPLETED MAT INQUIRIES

52. Phase 1 Reopening Guidelines for Dental Care Settings (Revised)
53. Literature and Online Resources on Interventions to Support Residents of Long-Term Care Facilities Experiencing Social Isolation, Failure to Thrive, and Cognitive Impairment
54. Recommended Activities for Residents of Long-Term Care Facilities Designed to Mitigate Feelings of Social Isolation
55. COVID-19 Best Practices across NM Long-term Care Facilities
56. Prioritization of Remdesivir Treatment among COVID-19 Patients
57. Antibody testing guidelines for healthcare providers
58. COVID-19 Antibody testing guidelines for the public
59. COVID-19 Antibody testing overview
60. Recommendations for Long-Term Care Facilities re: Facility Transfers and Care Coordination for COVID-19 Positive (and Negative) Residents
61. COVID-19 Contingency Operational Spaces & Practices currently provided for by waivers
62. Current and recommended programs
63. LTC Facility Visitation – Review of States
64. Side by side data collection comparison
65. State Actions for COVID Management and Response

# MAT AND DOC MAJOR CURRENT ACTIVITIES

## Regional Care Coordination:

- Increased bed utilization among many hub hospitals resulting from non-COVID patients seeking healthcare continues
- Working with DOH to evaluate feasibility of launching DOH-led regional transfer call center
- Monitoring Remdesivir treatment
- Collating HHS required data to help hospitals

## Testing:

- Working with labs and state agencies to collect priority population data at time of testing registration
- Continuing to work with hospitals to develop a coordinated, unified testing strategy
- Pooled testing evaluation continues.

## Legal/Ethics:

- Determining whether provider protections need to be revised

## Long-term Care:

- Reviewing visitation guidelines from the CDC and other states to determine parameters for resuming visitation in facilities

## Modeling:

- Refining supplemental measures for gating criteria (daily cases per 100,000 as well as test positivity rate)
- Los Alamos National Lab, DOH, and others exploring how data can be used to inform compliance with COVID-safe practices
- Modeling behavioral health needs and policy responses
- Refining modeling to support school reopening decision-making
- **Other activities:**
- Working with Economic Recovery Council to develop public/industry COVID-19 Safe Practices in a COVID-19 world
- Working with state agencies on long-term human resource management for state staff responding to pandemic, including addressing behavioral health needs

# MODELING DEFINITION

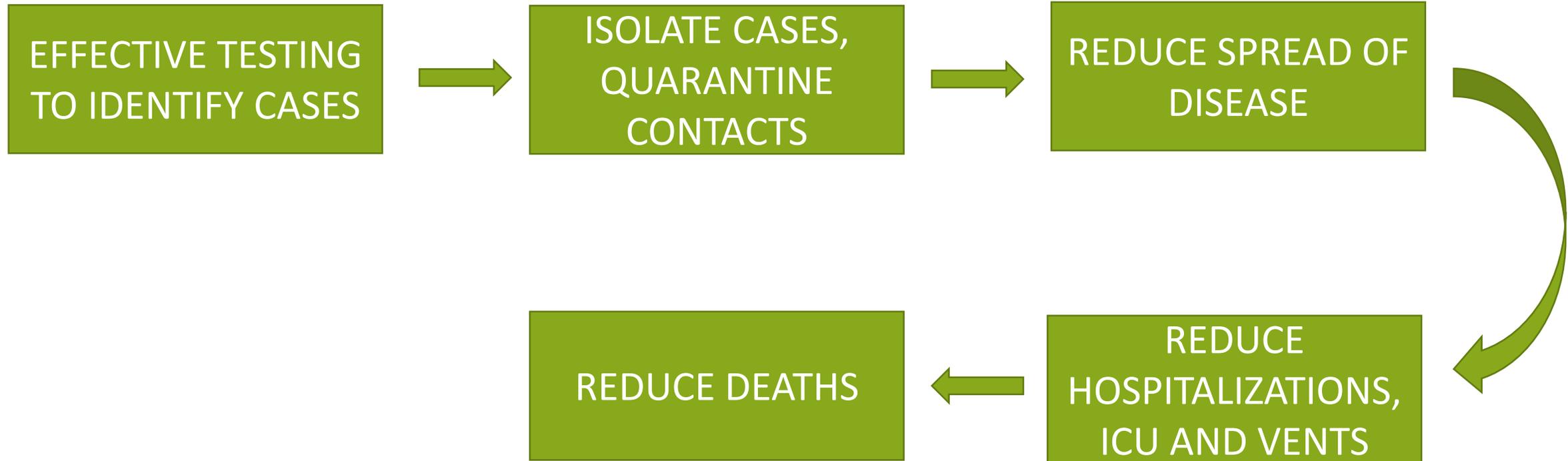
- **Modeling** involves making a representation of something.
- Creating a tiny, functioning volcano is an example of **modeling**. Teachers use **modeling** when they have a class election that represents a larger one, like a gubernatorial election.
- **Modeling** is anything that represents something else, usually on a smaller scale.
- In the case of COVID-19, though, we are modeling **the future**.

# BUILDING A MODEL FOR COVID-19

## Using current data to predict future data.

- What do we know about the virus?
- What do we know about transmission?
  - How many people (on average) does 1 person infect? **R<sub>0</sub>, R<sub>effective</sub>**
  - How much time from infection to symptoms? **Incubation period**
  - How much time until one can infect others? **Pre-infectious period**
  - Can people without symptoms infect others? **Asymptomatic spread**
- What percent of patients with COVID-19...
  - Will we know about? **Multiplier**
  - Will require hospitalization? **Hospitalization rate**
  - Will require an ICU bed? **ICU bed rate**
  - Will require a ventilator? **Ventilation rate**
  - Will die? **Case fatality rate**

# GOAL OF MODELING

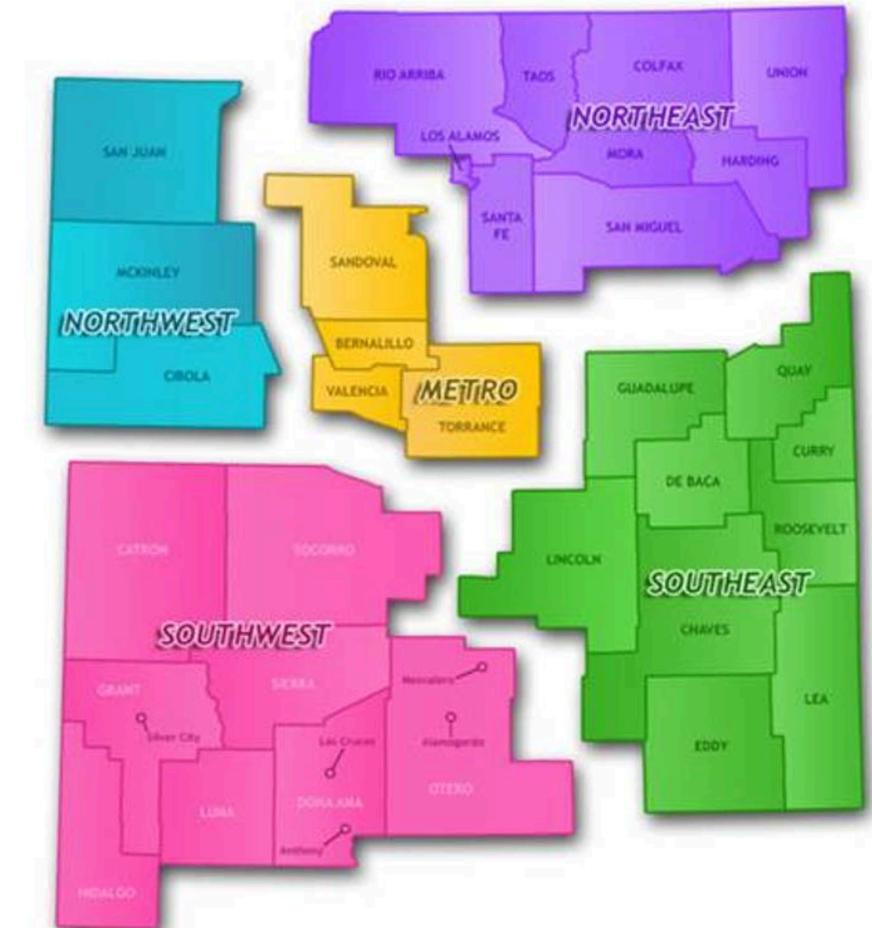


# MODELING IMPACT OF COVID-19 IN NM

- NM COVID-19 State model is an Enhanced SIR Model, meaning it estimates number of Susceptible, Infectious, and Recovered (SIR) COVID-19 individuals over time.
- The model is developed in partnership with Presbyterian Health Services, Los Alamos National Laboratory, and NM Department of Health.
- Model incorporates a variety of near real-time data, including:
  - COVID-19 case information
  - State-wide testing rates
  - Geographic distribution of cases and testing
  - Clinical outcomes including hospitalization, intensive care, and mechanical ventilation
  - Healthcare system resource capacity and demand
  - Differences in disease risk using comprehensive data on social determinants of health, Johns Hopkins Adjusted Clinical Groups, and health plan claims data

# MODELING IMPACT OF COVID-19 IN NM: REGIONAL APPROACH

- In counties with smaller number of COVID-19 cases, data points are fewer, which increases likelihood of inaccurate modeling projections
- Therefore, NM modelers adopted a regional approach to modeling COVID-19's impact on the state
- Regions are based on NMDOH's planning regions
- Model is updated each Tuesday and posted [online](#)



# MODELING WEBSITE

## What is modeling?

Modeling is a powerful tool to assist health policy development and disease prevention and control. In NM, COVID-19 modeling helps in planning the State's response to COVID-19 by attempting to predict the impact of COVID-19 on health systems and populations. However, models are just one tool and should not be considered in isolation from data and lived experiences in the field.

[DOWNLOAD LATEST WEEKLY MODELING UPDATE](#)

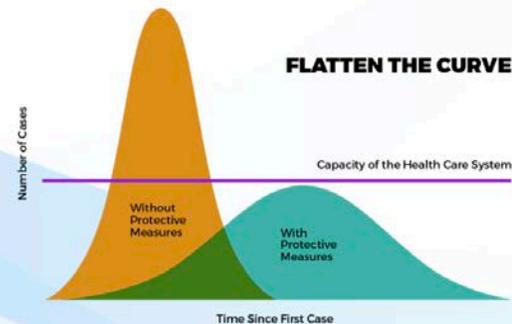
[Report from July 14, 2020](#) | [View Previous Reports](#)

[DOWNLOAD NM SCHOOL REOPENING MODELING SCENARIOS](#)

### NM COVID-19 Model is the best for our State

Many COVID-19 models have been developed, including state-based, regional, national, and international models. However, the NM model is the best fit for our state for several reasons.

- The NM model is updated daily based on actual NM data, ensuring projections reflect the most recent information.
- The NM model incorporates social distancing and provides risk adjustment for age, disease burden, and social determinants of health by county.
- The NM model considers the unique characteristics of our state, including geographic, socioeconomic, and demographic information.



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## COVID-19 in New Mexico: Epidemiologic and Modeling Update

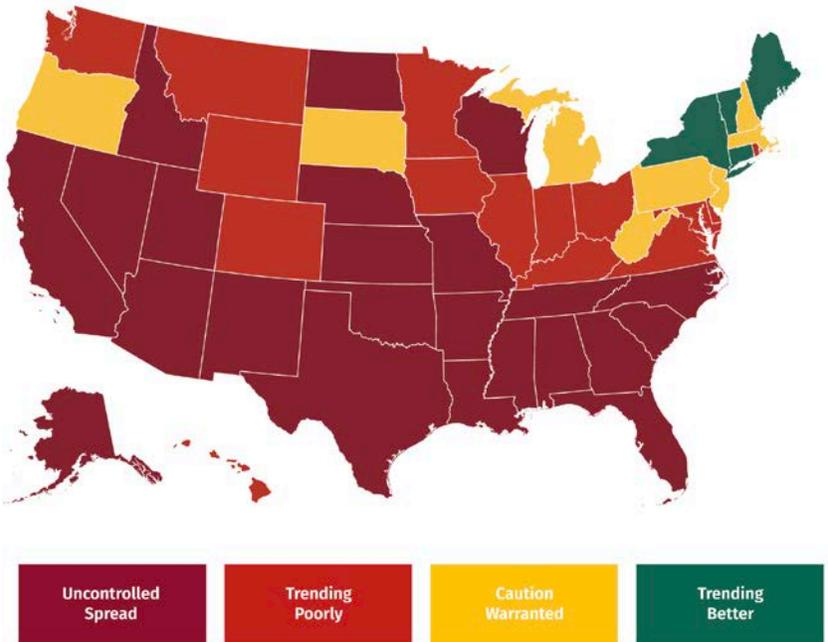
July 28, 2020

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# HOW WE REOPEN SAFELY



STATE NAME	14-DAY TREND OF COVID+	LAST 14 DAYS OF COVID+ (ROLLING)	INFLUENZA-LIKE ILLNESS	% OF TEST TARGET	ICU OCCUPIED	NEW CASES PER MILLION PER DAY	COVID+ RATE IS
New Mexico 🇲🇽	28% Increasing		Minimal Level 1		N/A% HHS not reporting		4.4% Increasing

## JuJuly 28 - ICU and Bed Occupancy Data from HHS Protect - Not Being Updated

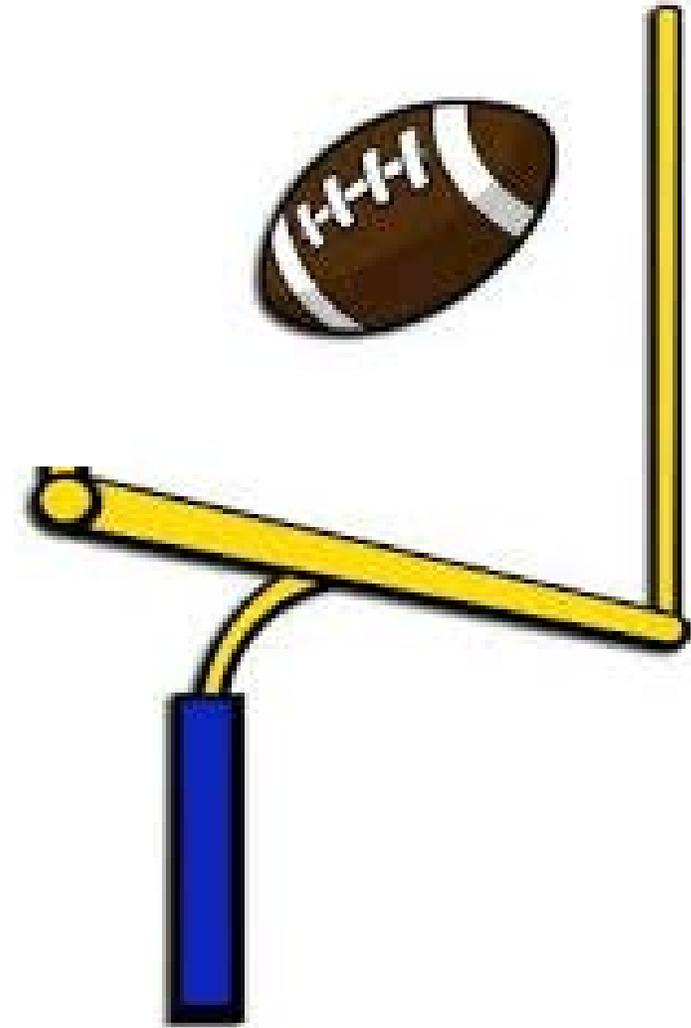
The data for ICU and inpatient bed occupancy has not been updated since July 23. This is unfortunate as we are seeing hospitalizations increase in 29 states. Without this critical indicator, it is hard to assess how a state's health system is responding to the surge of cases.



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# PUBLIC HEALTH GATING CRITERIA FOR REOPENING NM

- New nature of the virus as it has moved through the NM reveals some gaps in our understanding regarding our metrics.
- As a result, we are using 2 additional measures to help close gaps in knowledge and better ensure we're meeting reopening goals.
  - Spread Rate
  - Testing
- Additionally, after 4 months of COVID operations, the 7 hub hospital have updated their Adult ICU Bed Gating Criteria Measure, outlining new guidelines for baseline, contingency, and crisis care levels.



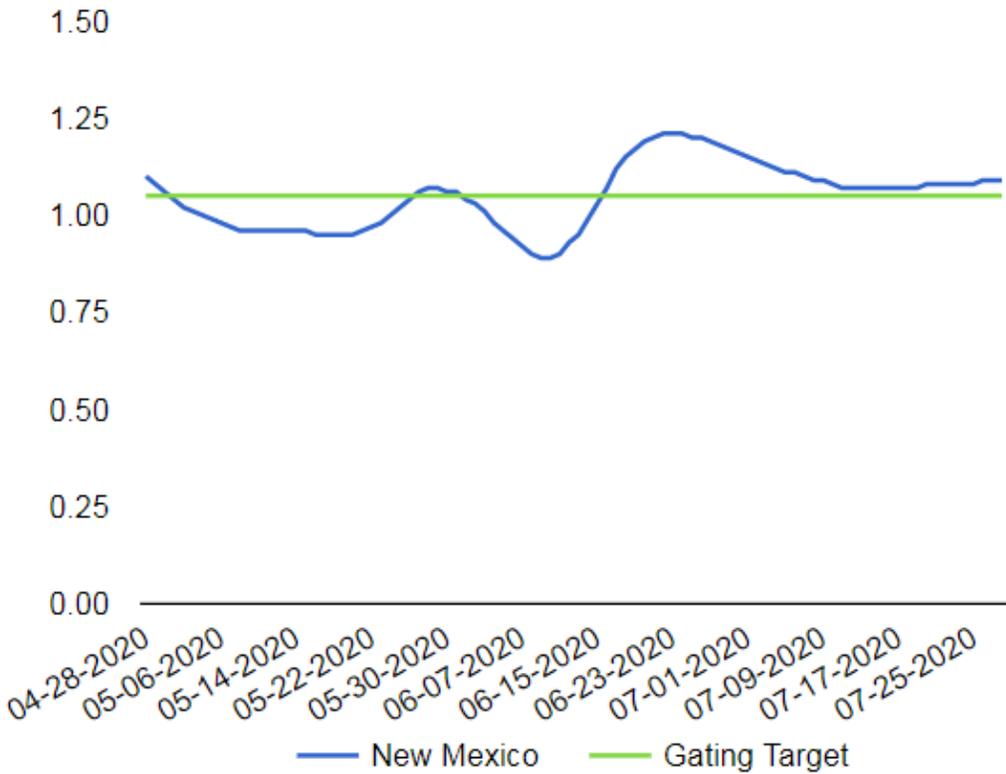
# STATEWIDE PUBLIC HEALTH GATING CRITERIA FOR REOPENING <sup>17</sup>

Criterion	Measure	Gating Target	Current Status
Spread of COVID-19	Rate of COVID-19 Transmission (10-day Rolling Average)	1.05 or less	1.09 on 7/28/20
	Daily cases (7-day rolling average)	TBD	330 on 7/28/20
Testing Capacity: general and targeted populations*	Number of tests per day (7-day rolling average)	5,000 / day	7,903 on 7/27/20
	Test Positivity Rate (7-day rolling average)	5.0% or less	4.14% on 7/27/20
Contact Tracing and Isolation Capacity	Time from positive test result to: -isolation recommendation for case	24 hrs	Week ending 7/24 = 32
	-quarantine rec. for case contacts	36 hrs	Week ending 7/24 = 51
Statewide Health Care System Capacity	Availability of scarce resources in 7 Hub Hospitals: -Adult ICU beds occupied	439 or less	245 on 7/30/20
	-PPE	7-day supply	7 on 7/28/20

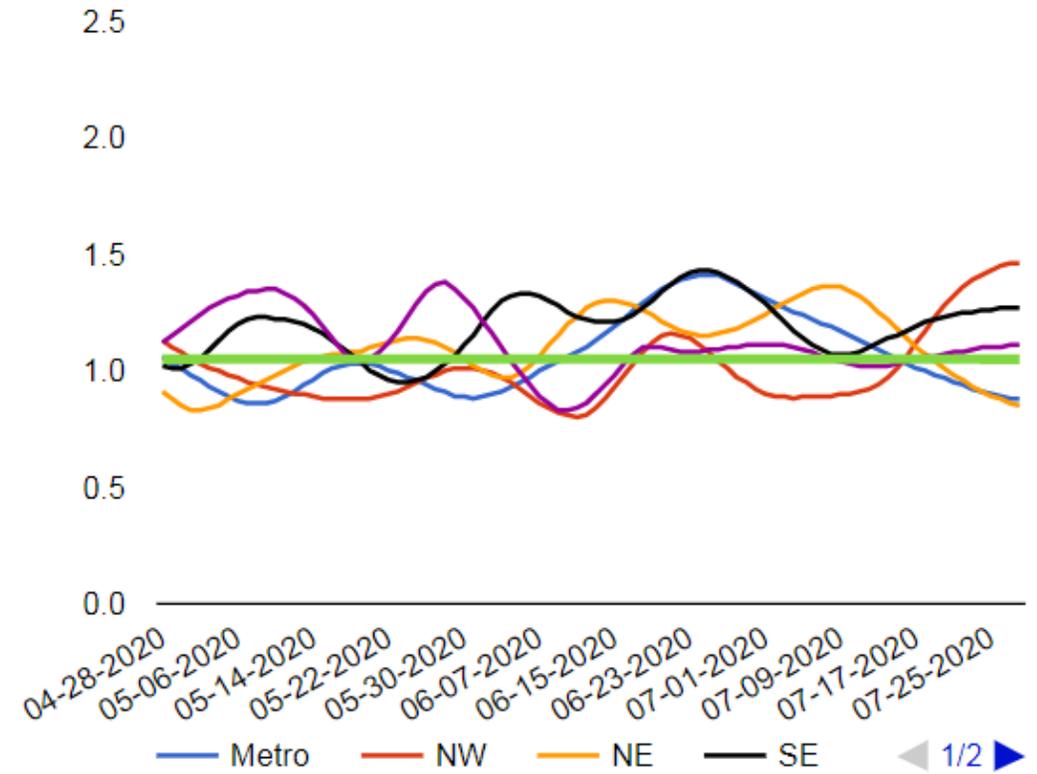
**ALL 4 CRITERIA DRIVEN BY SOCIAL DISTANCING BEHAVIORS OF NEW MEXICANS**

# RATE OF SPREAD, GATING TARGET 1.05 OR LESS

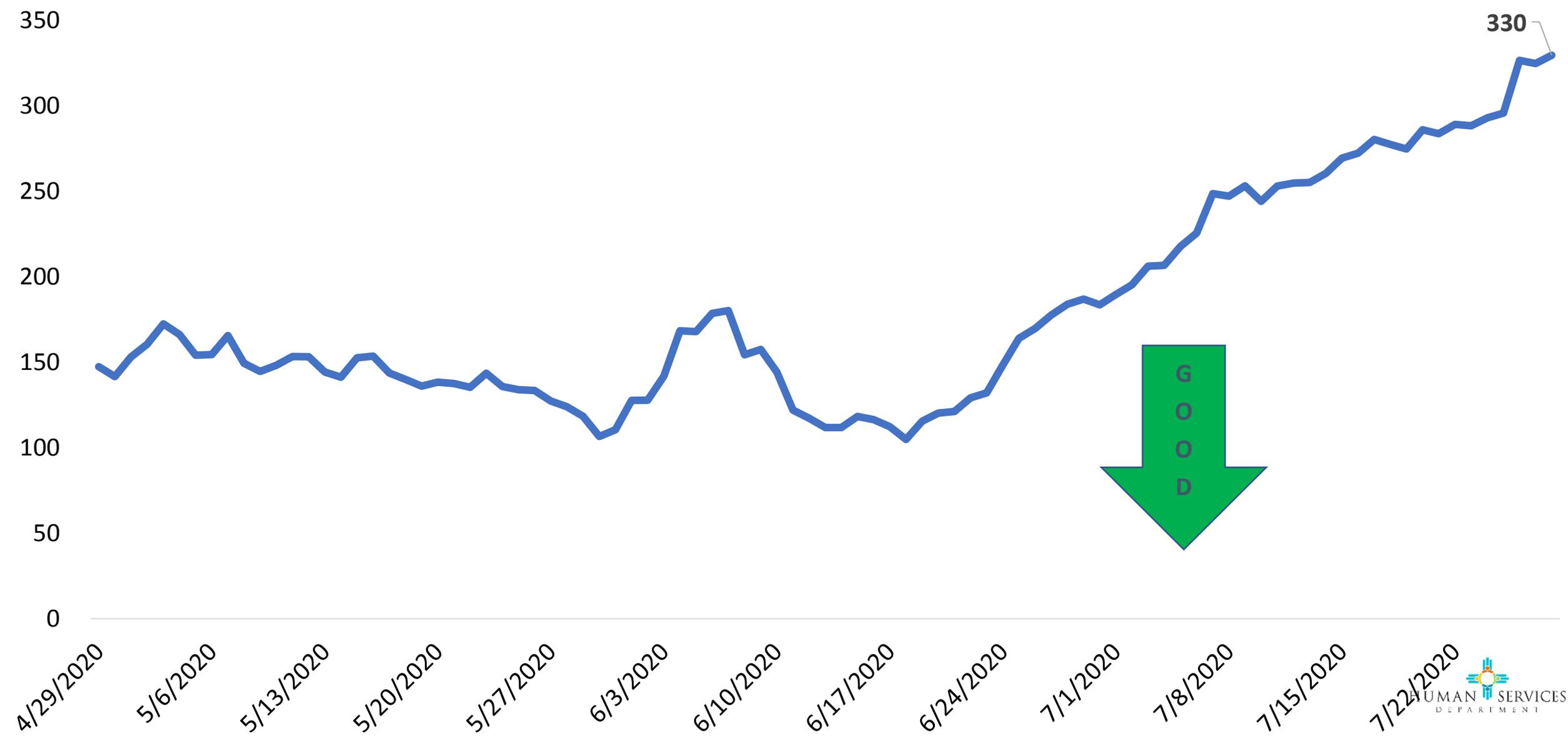
COVID-19 Rate of Spread, NM



10-day Average COVID-19 Rate of Spread, NMDOH Regions

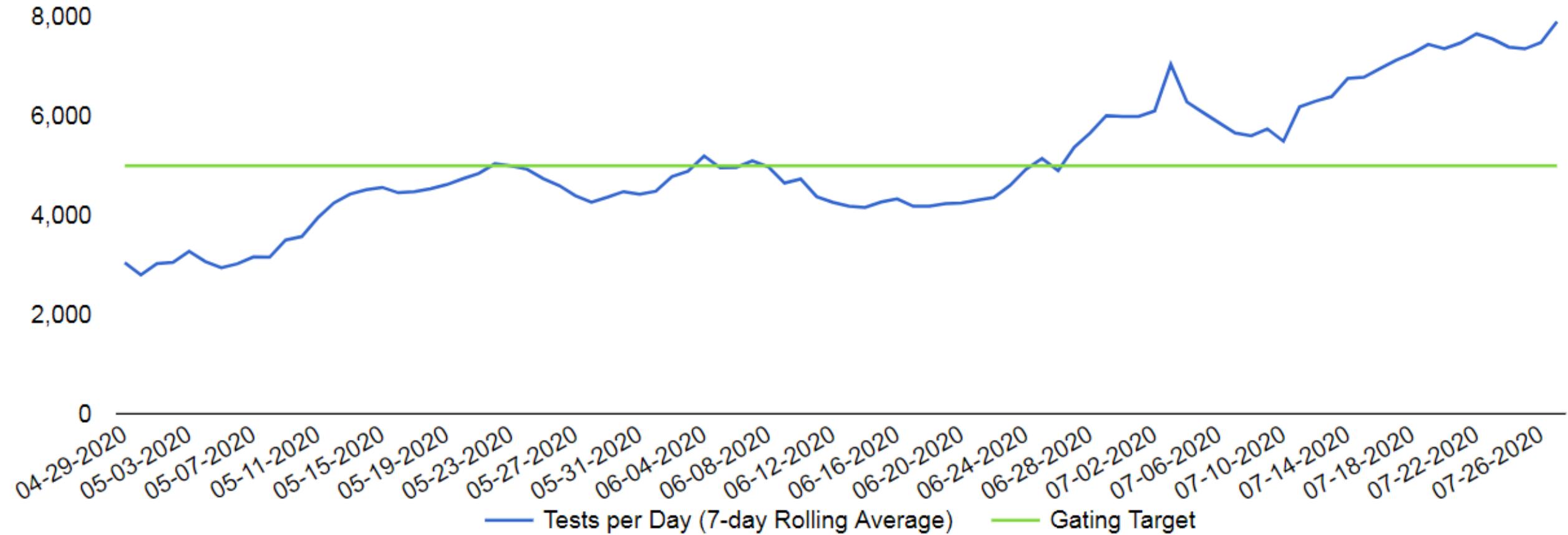


## NM COVID-19 Cases, 7-Day Rolling Average



# COVID-19 TESTS PER DAY, GATING TARGET 5,000 TESTS

COVID-19 Tests per Day, NM (7-day Rolling Average)



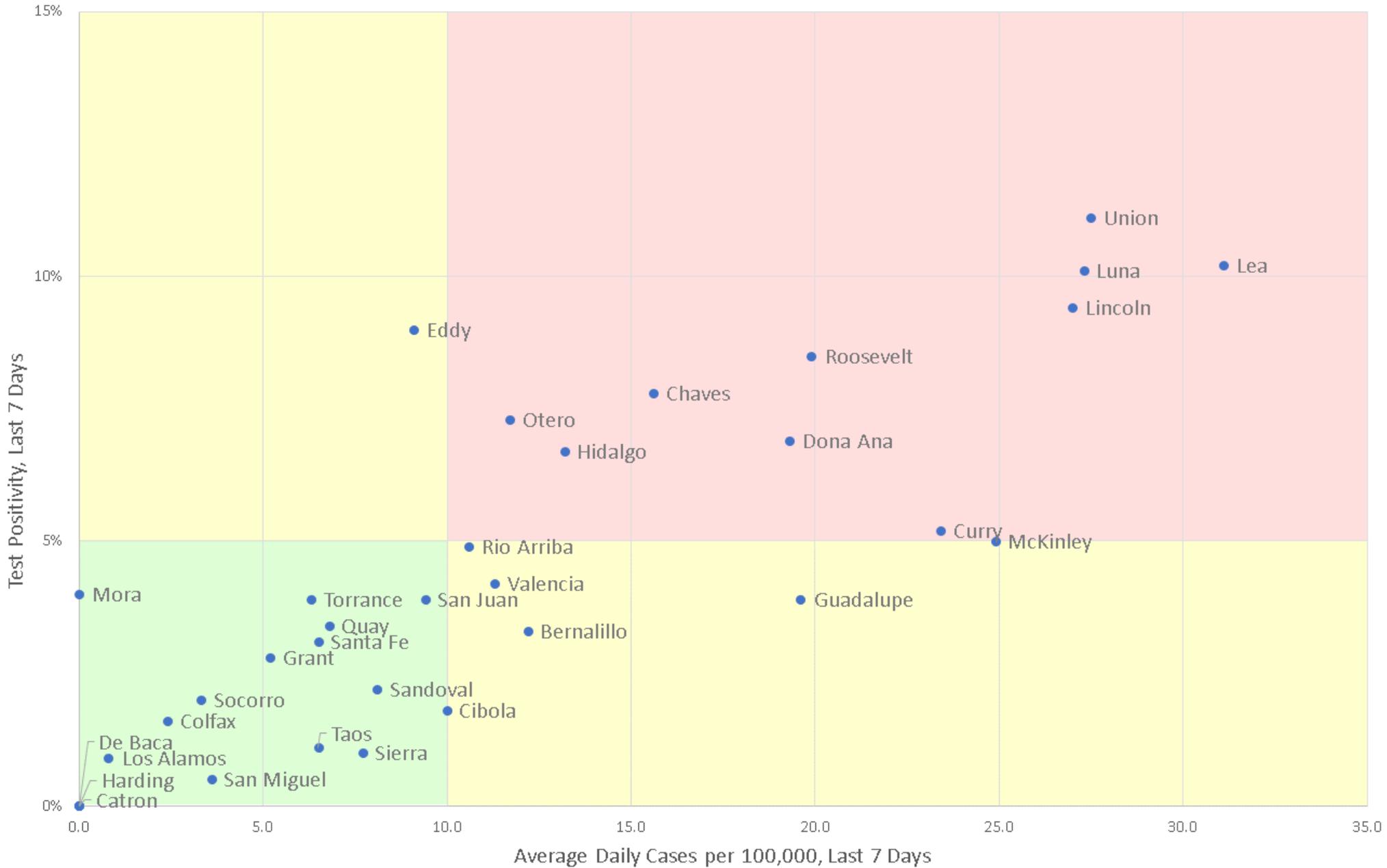
# TEST POSITIVITY RATE, GATING TARGET 5.0% OR LESS

## NM COVID-19 Tests Positivity Rate, 7-Day Rolling Average



# Test Positivity by Average Daily Cases per 100,000 Population, Last 7 Days

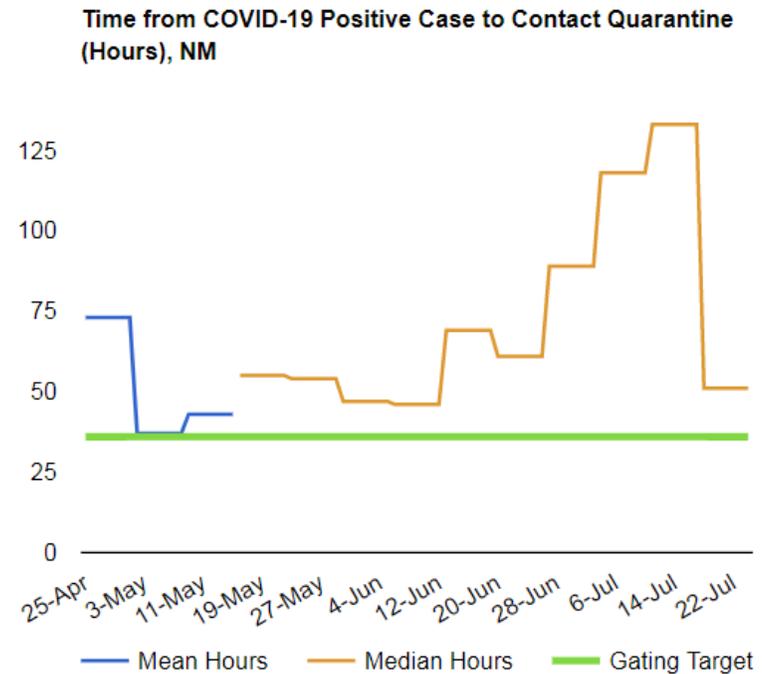
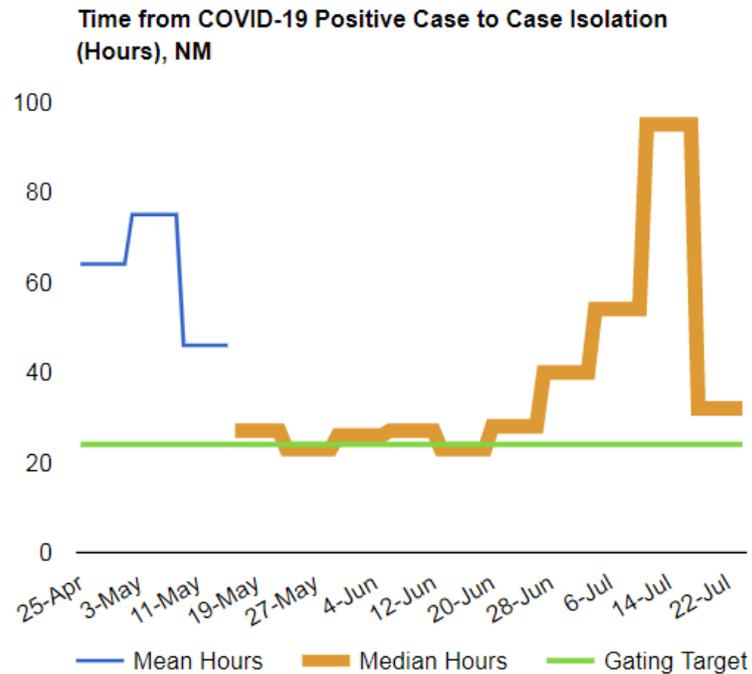
New Mexico Counties, Week Ending 7/27/2020



# CONTACT TRACING & ISOLATION CAPACITY

## Gating Targets, Time from COVID-19 positive test result to:

- isolation of the person who tested positive (24 hours or less)
- quarantine of the people who they may have exposed (36 or less)



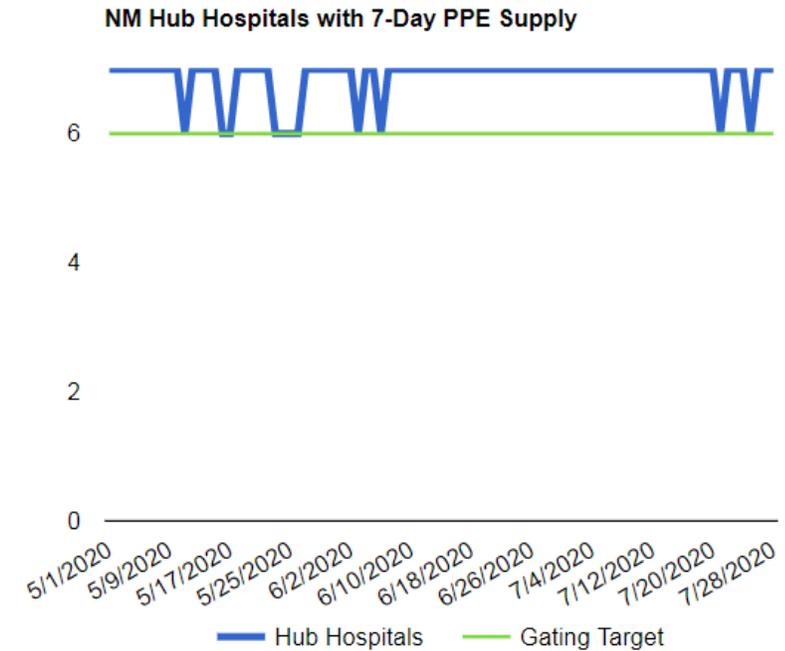
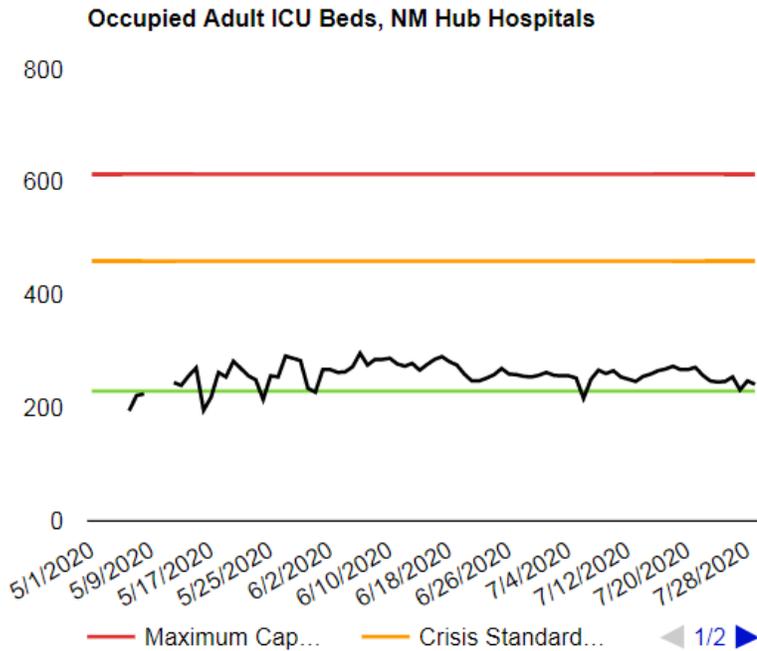
# HEALTHCARE SYSTEM CAPACITY

## NM Hub Hospitals:

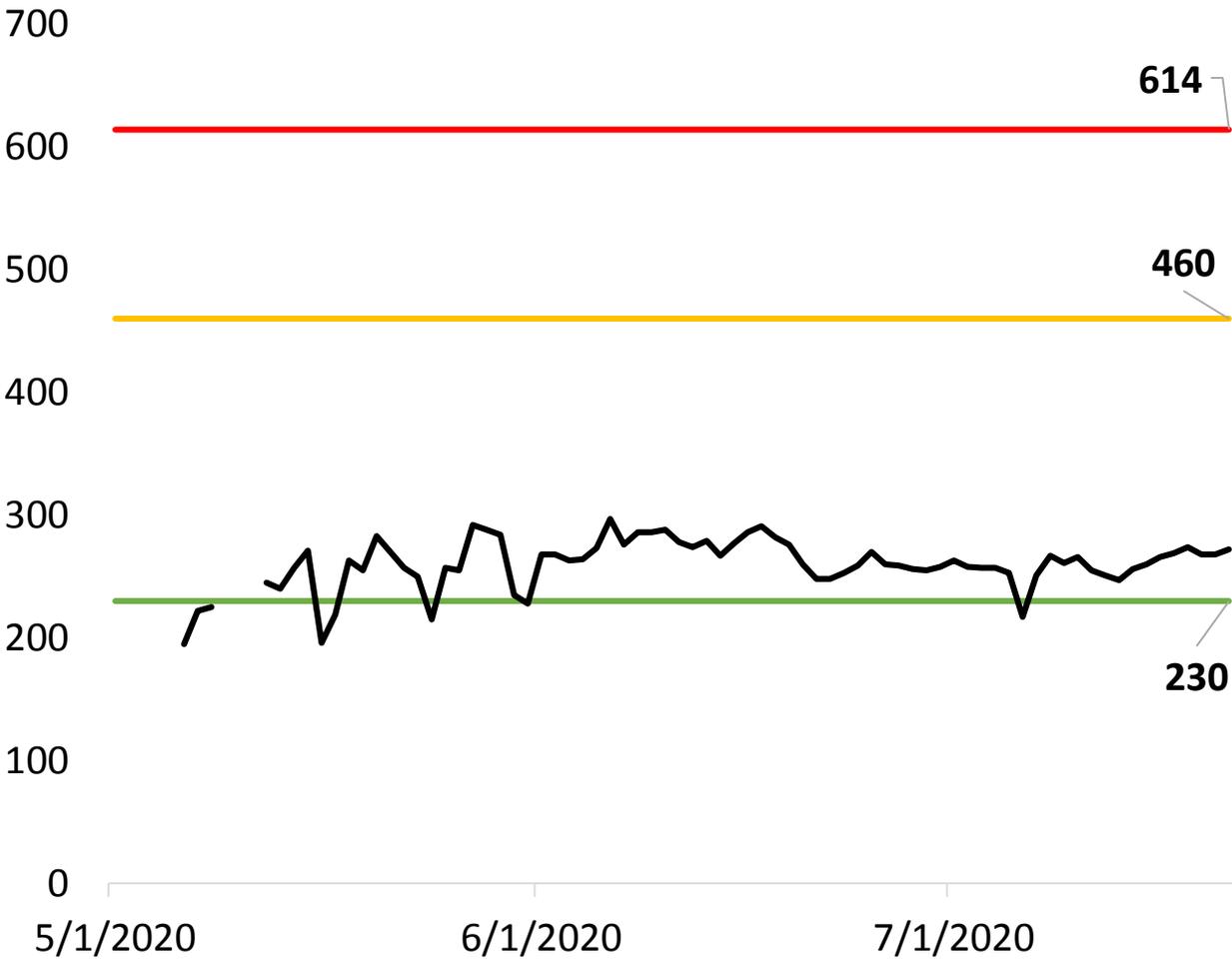
1. University of NM (ABQ)
2. Presbyterian (ABQ)
3. Lovelace Medical Center (ABQ)
4. CHRISTUS St. Vincent (Santa Fe)
5. San Juan Regional Medical Center (Farmington)
6. Memorial Medical Center (Las Cruces)
7. Eastern NM Medical Center (Roswell)

## Gating Criteria Targets, availability of resources across NM's 7 Hub Hospitals:

- Adult ICU beds occupied: 439 beds or less. A downward trend is a positive development.
- 7-day supply of PPE: minimum of 6 Hub Hospitals have 7-day supply. An upward trend is a positive development.

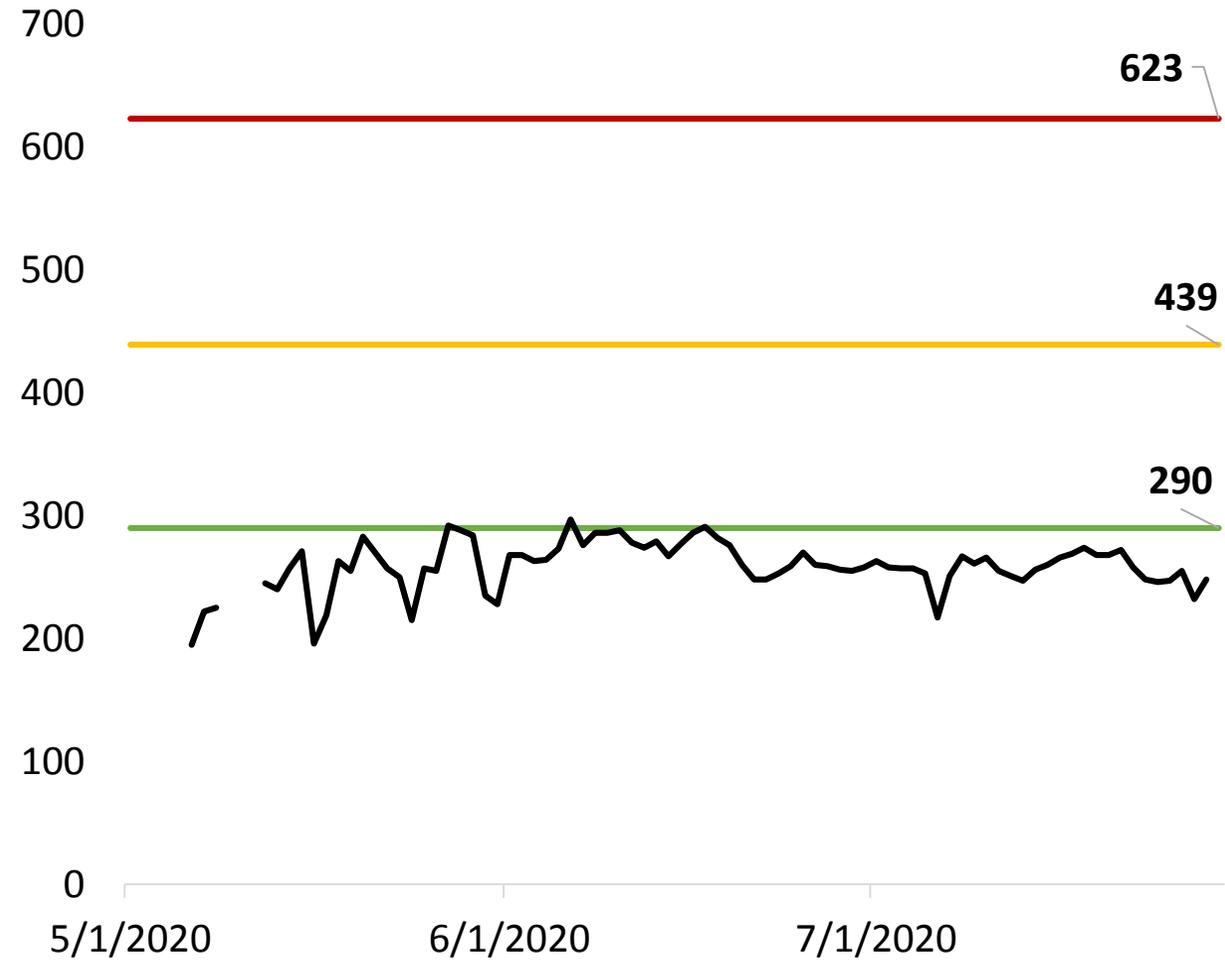


**(Currently on Gating Criteria Website)**  
**Adult ICU Beds Occupied, NM Hub Hospitals**



- Maximum Capacity (614)
- Baseline Capacity (230)
- Crisis Standards of Care Invoked (460)
- Occupied Beds

**(Updated) Adult ICU Beds Occupied, NM Hub Hospitals**



- Maximum Capacity (623)
- Baseline Capacity (290)
- Crisis Standards of Care Invoked (439)
- Occupied Beds



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# COMMENTS AND QUESTIONS

SECRETARY DAVID R. SCRASE, M.D.

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