



PROMISING PRACTICES

Grand View Medical Practices and TriValley Primary Care Collaboration for Monoclonal Antibody Treatment

Recommendations for Primary Care

This document includes promising practices and recommendations from Grand View Medical Practices and TriValley Primary Care's success in connecting patients with COVID-19 monoclonal antibody treatments. These findings provide inspiration and information to those working to build treatment awareness and demand within a primary care setting. The information below can supplement individual plans and provide context to playbooks and planning discussions with leadership.

SUMMARY

Grand View Medical Practices (a hospital-owned primary care practice) and [Grand View Hospital Pharmacy](#) (which serves a 200-bed suburban community hospital) collaborated to **develop a centralized communication system and protocol to quickly track and treat high-risk COVID-19 patients with monoclonal antibodies**. The protocol was shared with the community of practices served by Grand View Hospital, including TriValley [Primary Care](#)—an independent primary care practice with 50 providers and 150 employees. Treatment implementation and information dissemination were smooth for both providers and patients because of the health community's **preexisting system and structure, and willingness to adapt to meet community needs during a crisis**. The information below shows how a hospital-owned primary care practice and an independent primary care practice utilized and adapted the same protocol and collaborated with one another for success in treating patients with monoclonal antibodies.

Overview of a Collaborative Primary Care Approach

Grand View Medical Practices, Grand View Hospital, and TriValley Primary Care mobilized clear communication and collaboration to get monoclonal antibody treatment to their patients as quickly as possible. To do so, these institutions:

- Formed a collaborative team of key stakeholders to develop a plan for treatment implementation.
- Centralized digital communications: created a single online portal “one stop shop” for providers to access information and forms.
- Developed a step-by-step guide that walked providers through the new monoclonal antibody treatment workflow.
- Prioritized accessibility to, and timeliness of, treatment.

Success Factors

- Utilize preexisting communications venues, created in response to COVID-19, to explain processes to providers to include email, webinars, and a Central Website Hub.
- Mobilize the network of regional providers that could administer infusions (urgent care centers, outpatient centers, community hospitals).
- Address provider reluctance by building buy-in with collaborative decision-making and process development.
- Empower patients to make rapid, evidence-based decisions by providing educational materials that addressed common concerns prior to appointments.

RECOMMENDATIONS

The following section provides key recommendations based on the Grand View Medical Practices, Grand View Hospital, and TriValley Primary Care experience.



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Leverage a Centralized Communication System

- ✓ Establish a system with an online “one-stop-shop”: one place with all updated resources (e.g., fact sheets, step-by-step protocols, screening questionnaires, infusion center locations, etc.) to:
 - Identify high-risk patients per the emergency use authorization (EUA) for monoclonal antibody treatment.
 - Allow for more efficient information sharing.
 - Centralize updates (e.g., changes to EUA) to reduce confusion.
- ✓ Create an easy-to-use application tool that confirms patient eligibility and includes patient information that providers can submit online to their pharmacy or infusion centers.
- ✓ Include *all* providers, not just primary care providers, in COVID-19 treatment communications because specialists may play the role of primary care provider for patients.

Create Innovative Systems for Collaboration

- ✓ Establish a system that equips all providers to conduct follow-up calls.
- ✓ Create a network of infusion sites, such as outpatient centers, hospital infusion centers, and urgent care centers where patients can receive monoclonal antibody treatment.
 - Address concerns around timely transportation to infusion sites by using urgent care centers and outpatient centers because these are often located closer to patients’ homes.
 - Communicate how many patients can be treated at each site.
 - Establish a system for virtual consent for those unable to be seen in the office.

Provide Clear Communication to Address Patient Reticeance

- ✓ Discuss the treatment with patients in clear, easy-to-understand terms, avoiding medical jargon.
- ✓ Emphasize that monoclonal antibody treatments are not new—they have been thoroughly studied prior to COVID-19.
- ✓ Be nimble, and try new ways of getting patients treated in a very short timeframe:
 - Provide information about mAbs at the initial appointment and walk the patient through the consent form.
 - Ask patients for a decision soon. If patients are not ready to consent initially, ask later that day, and in the meantime prepare everything on the provider’s end, alerting staff to be on standby.
 - Share information about monoclonal antibody treatment for the patient to read **before** the appointment so that they are prepared at the appointment.

Giving Providers Confidence with a Guided Online Screening Questionnaire

To assist primary care providers in arranging and providing monoclonal antibody therapy for their high risk COVID-19 positive patients, the hospital pharmacy created an online screening questionnaire in their central portal. This allowed providers to make sure their patient was eligible for monoclonal antibody treatment based on the EUA criteria. **The online screening questionnaire made determining patient eligibility more efficient, gave providers confidence, and helped speed up the process of administering time-sensitive monoclonal antibody treatment to patients.**

Exhibit 1: Guided Online Screening Questionnaire

Creating a Clear, Step-By-Step Guide for Providers to Refer for Monoclonal Antibody Treatments

The information provided in an EUA fact sheet can be overwhelming, especially when doctors are already spread thin. **To make the EUA information easy to digest and implement, TriValley Primary Care adapted and customized a step-by-step protocol from Grand View Medical Practices, to walk providers through the process of identifying and following up with patients and ordering treatments.**

Exhibit 2: Step-By-Step Guide



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Address Common Barriers

- ✓ Balance patients' knowledge with professional expertise.
 - Recognize that patients have access to more information than ever before.
 - Partner and collaborate with patients to make the best decision for them based on the provider's training and patients' lived experiences.
- ✓ Understand COVID-specific restrictions.
 - Consider solutions to transportation issues. If the patient cannot drive and cannot take a taxi/Uber because they are COVID-positive, possibly provide in-home treatment.
 - Be aware of contradictory messages because patients are told to stay in their rooms and isolate, while also being told to go to an infusion center.
 - Acknowledge the newness of using mAb to treat COVID-19, which is authorized under EUA, and this often brings patient questions and uncertainty.
 - Emphasize the timing of treatment because it needs to be administered within 10 days of symptom onset; therefore, patients need to make decisions quickly.

NEXT STEPS

The following protocol is how TriValley Primary Care adapted the protocol created by Grand View Medical practices to fit their practice and ensure that all eligible patients were provided the option for monoclonal antibody treatment in an efficient manner.

1. Patient tests positive for COVID-19
2. Provider uses pharmacy website and completes screening questionnaire to confirm patient eligibility.
3. If patient is eligible, the provider fills out an application internal to local hospital, Grand View (created by hospital pharmacists) that obtains patient consent and gives the green light for treatment.
4. The application for treatment is reviewed and confirmed by a hospital doctor.
5. Nurses schedule the monoclonal antibody infusion and place the order.
6. Providers designate someone to check in with the patient on the day of the infusion and schedule a three-day follow-up tele-visit.



The recommendations in this Promising Practices document provide a foundation for using existing systems and structures to connect patients to treatment for COVID-19. This framework could be adapted in a variety of primary and even specialty care practices to ensure an efficient process for connecting eligible patients with monoclonal antibody treatment.

Other resources:

- A video where Dr. Natalie McGann of TriValley Primary Care discusses how they overcame obstacles to administering monoclonal antibody treatments to high-risk COVID-19 patients in a primary practice setting can be found here: <https://youtu.be/3t4kKbMO1mU>.
- A video where Grand View Health pharmacists and primary care physicians from Grand View Medical and TriValley Primary Care discuss how they brokered powerful partnerships in their community to ensure high-risk COVID-19 patients received monoclonal antibody treatment: <https://youtu.be/LgM7YJlqVIU>