



PROMISING PRACTICES

Michigan's Statewide Monoclonal Antibody Infusion Program

Recommendations for States

This document includes promising practices and recommendations from the state of Michigan's success in connecting patients with COVID-19 monoclonal antibody treatments. These findings are designed to 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

A second and third surge of COVID-19 cases in Michigan drove state government officials and healthcare providers to find innovative ways to encourage physicians to ensure patients had access to monoclonal antibody treatments. Michigan was able to significantly increase monoclonal antibody use during a major surge this past spring through **vocal, proactive support from the Governor and Chief Medical Executive; mobilizing paramedics, nurses, and pharmacists; establishing reporting and performance metrics; and repurposing existing case investigation software to connect patients with infusion sites.**

Overview of Michigan's Approach

Michigan faced particularly high COVID-19 infection rates in long-term care facilities, as well as dangerous surges – and access issues – in both densely populated areas (such as metropolitan Detroit) and rural regions. At the same time, provider hesitancy to prescribe monoclonal antibody treatments delayed uptake of the state's designated supply. Michigan's approach to connect patients with monoclonal antibody treatments and support healthcare providers leveraged the following factors:

Success Factors

- Launched a vocal, ongoing communications effort to reach providers and patients, championed by the Governor and senior Public Health leadership.
- Put an electronic reporting system in place to track patient access and safety and efficacy of the treatments – and used the data to mitigate providers' hesitancy to prescribe.
- Expanded the scope of practice for paramedics and deployed them to provide infusions at long-term care facilities and in patients' homes.
- Repurposed case investigation software to contact COVID-19 patients with information about monoclonal antibody treatment. Additionally, state case investigators added basic information on monoclonal antibody therapy to their scripted case investigation phone interviews.
- Conducted numerous educational webinars targeting senior hospital leadership, primary care, long-term care, EMS, and others.
- Expanded state COVID-19 website to include information on monoclonal antibody therapy for both patients and clinicians.



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RECOMMENDATIONS

The following section provides key recommendations based on Michigan's experience.

Conduct Ongoing, 360-Degree Communications

- ✓ Involve senior state leadership to demonstrate commitment and maximize visibility for the effort.
 - Participate frequently in media conferences and calls with providers.
 - Involve state officials such as the governor, chief medical officer and state medical director.
- ✓ Engage multiple audiences for a surround-sound effect.
 - Outreach to hospital leadership to complement provider engagement to accelerate overall uptake of monoclonal antibody treatments.
 - Address treatment hesitancy through public education.
- ✓ Maintain frequent communications to provide updated information as available, answer questions and keep monoclonal antibody treatment top of mind.
 - Hold biweekly calls, hosted by state officials, targeting hospital leaders as well as frequent webinars for physicians and other clinicians.

Leverage Reporting & Metrics to Build Trust

- ✓ Encourage providers to electronically report monoclonal antibody use and outcomes.
 - Incentivize reporting by sharing aggregate outcomes data to inform ongoing treatment.
- ✓ Help fill the "trust gap" with outcomes data from the state database until studies can be published in scientific journals.
 - Establish monoclonal antibody use metrics for providers to send the message that the treatments are both encouraged and expected to be considered for qualifying patients.

Use Existing Providers & Structures in New Ways

- ✓ Expand paramedics' scope of practice and train them to provide monoclonal antibody infusions.
 - Deploy emergency medical services (EMS) to administer monoclonal antibody infusions at long-term care facilities and patients' homes.
- ✓ Adopt a central, proactive approach to maximize patient access by using pharmacists, nurses, nurse practitioners and/or physician assistants to counsel and educate patients about monoclonal antibody treatments.
 - For example, several Michigan hospitals deployed their staff pharmacists to search electronic health records each day to identify high-risk COVID-19 patients. Pharmacists contacted and counseled these patients on monoclonal antibody treatments to minimize the time between diagnosis and treatment.
- ✓ Look for programs and/or systems that can be repurposed to maximize treatment efficiency.
 - Adapt existing state-based case investigation messaging applications to help educate patients who might be eligible for monoclonal antibody treatment.
 - Provide state case investigators with scripted information on monoclonal antibody treatment during case investigation telephone interviews with follow-up electronic information.

Repurposing Existing Tools with New Purpose for More Efficient Contact Tracing

Michigan repurposed an existing public health tool for case investigations—the Patient Education Genius (PEG)—to send monoclonal antibody treatment information via Short Message Service (SMS) text message to people who tested positive for COVID-19. **Thousands of patients who tested positive for COVID-19 received a direct text message with a hyperlink that provided resources, including information on monoclonal antibody treatments.**

To complement these efforts, Michigan deployed **state-contracted investigators** for surge capacity case investigations to conduct **"screening" for monoclonal antibody treatment eligibility**. They used scripted messages about who was at high risk and provided direct patient messaging. **These personnel identified people at risk and made them more likely to be receptive to information and treatment in a timely manner.**

Exhibit 1: Repurposing Existing Tools for Contact Tracing



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NEXT STEPS

While vaccination expansion efforts remain a priority, Michigan continues to actively promote monoclonal antibody therapy to both healthcare providers and the public. When case numbers are low, it is important that this therapy continues to be made available to qualifying patients. In the event of a subsequent surge, there must be processes in place to rapidly expand monoclonal antibody delivery capabilities to meet increased need and to help mitigate hospitalizations and reduce deaths. Efforts include:

- Focusing on areas (such as rural regions) where vaccination rates remain low.
- Proactively targeting high-risk patients and providers with monoclonal antibody education/promotion.
- Ready "SWAT" teams – such as the earlier EMS effort – to mobilize for cluster outbreaks if they arise.
- Working more closely with the state's tribal networks to address the needs of its indigenous American population.
- Continuing to monitor monoclonal antibody treatment among minority populations and provide targeted outreach to minority populations and their healthcare providers. Michigan was successful in doubling the percent of Black/African Americans to receive treatment from less than 8% initially to over 16% (state percentage of Black/African American population is 14.1%).
- Continuing to collaborate with the US Department of Health and Human Services to support the White House initiative to expand monoclonal antibody access in underserved communities.

The recommendations in this Promising Practices document provide a foundation for other states to connect patients to treatment for COVID-19. These recommendations could be adapted in a variety of practice settings, and at the state or county level to ensure an efficient process for connecting eligible patients with monoclonal antibody treatment.

Other resources:

- [Coronavirus - COVID-19 Therapeutics Information Page \(michigan.gov\)](https://www.michigan.gov/coronavirus)
- [MDHHS - Michigan EMS Coronavirus Disease \(COVID-19\) Response](https://www.michigan.gov/mdhhs)

Expanded Paramedic Scope of Practice; Maximized Personnel Available to Deliver Monoclonal Antibody Treatments

Michigan expanded the scope of practice rules for EMS personnel. Paramedics, together with state-contracted nurses, were mobilized to help long-term care facilities in seven counties that were experiencing outbreaks. This new capacity was then marketed directly to the primary care providers to complement the hospital-based capacity.

EMTs provided paratransit or ambulance transport to infusion clinics. Paramedics often started IVs for skilled nursing facilities and ran infusions.* Paramedics worked with state long-term care Mobile Crisis Teams.* **Adding paramedics to the provider pool broadened capacity and enabled targeting areas of high need.**

The state plans to leverage this resource for any future cluster outbreaks, especially in areas with a low vaccination rate.

*Authorized under emergency protocols

Exhibit 2: Expanded Scope for Emergency Medical Technicians