MONOCLONAL ANTIBODIES FOR COVID-19: A LIFESAVING TREATMENT YOUR COMMUNITY SHOULD KNOW ABOUT

A CDC Foundation Webinar Series
For Community-Based Organizations

Tuesday, June 29, 2021
3:00-4:00 PM ET
Welcome
Lisa Waddell, MD, MPH
CDC Foundation

Introductory Remarks
Judy Monroe, MD
CDC Foundation
S. Lawrence Kocot, JD, LLM, MPA
KPMG, LLP

Monoclonal Antibodies for COVID-19: A Lifesaving Treatment Your Community Should Know About
John T. Redd, MD, MPH, FACP
U. S. Department of Health and Human Services

Video: Patients Share Their Experience

Panel One – The Power of Partnerships: How Health Systems Partner with CBOs to Facilitate Access to Monoclonal Antibody Treatment
Christian Ramers, MD, MPH
Family Health Centers of San Diego
Jane Thornhill, MSA
Henry Ford Health System

Panel Two – CBOs and Monoclonal Antibodies: How CBOs Can Improve Awareness of and Access to Monoclonal Antibodies
Felix Valbuena, Jr., MD
Community Health and Social Services Center
Jayne M. Morgan, MD
Piedmont Healthcare

Discussion / Q&A

Call to Action and Adjourn
Lisa Waddell, MD, MPH
Introductory Remarks

Judy Monroe, MD
President and CEO
CDC Foundation

S. Lawrence Kocot, JD, LLM, MPA
Principal and National Leader
Center for Healthcare Regulatory Insight
KPMG, LLP
Monoclonal Antibodies for COVID-19: A Lifesaving Treatment Your Community Should Know About

John T. Redd, MD, MPH, FACP
Chief Medical Officer for the Assistant Secretary for Preparedness and Response
U. S. Department of Health and Human Services (HHS)
Monoclonal Antibodies for COVID-19: A Lifesaving Treatment Your Community Should Know About

John Redd, MD MPH FACP
Chief Medical Officer

Office of the Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services

June 29th, 2021

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About monoclonal antibodies

- COVID-19 Monoclonal antibodies (mAbs) are intended for patients with mild to moderate COVID-19 who are at high risk of developing severe disease resulting in hospitalization.
- mAbs are likely to be most effective when given early in disease course.
- Outpatient administration of mAbs have the potential to reduce the relative risk of hospitalizations by up to 70% in high-risk patients.
Summary of COVID-19 Antiviral Therapeutics

- **No Illness**
  - Healthy, no infection
  - Exposed / Asymptomatic Infected
    - Not hospitalized, no limitations

- **Early Symptomatic**
  - Not hospitalized, with limitations

- **Hospital Admission**
  - Hosp. no act. medical problems
  - Hospitalized, not on oxygen
  - Hospitalized, on oxygen

- **ICU Admission**
  - Hospitalized, mechanical ventilation/ECMO
  - Hospitalized, high flow oxygen/non invasive ventilation

**Monoclonal Antibodies**
- Bamlanivimab + Etesevimab (Lilly)
- Casirivimab + Imdevimab (RGN)
- Sotrovimab (GSK/Vir)

**Key**
- ☑️ Remdesivir
- ☑️ FDA approved
- ⚠️ EUA issued

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1. Per Lilly’s request, FDA revoked the EUA for emergency use of bamlanivimab administered alone for the treatment of mild to moderate COVID-19 (on 4/16/2021)
### USG activities to support administration of mAbs

*Ensure safe, broad, and equitable availability and administration*

1. **Build product understanding and awareness** – Ensure **providers are up to date** on CMS reimbursement qualifications, the **latest EUA therapies** (and eligible patient populations), and patients are aware of treatment options.

2. **Provide information on product location** – Ensure providers have the information to **direct patients to a place to receive treatment**.

3. **Facilitate product administration** – Ensure providers can **safely administer product** (drug on hand, material, directions, etc.) for current products.

4. **Track utilization** – **Understand utilization of product** across localities and populations; providers can raise issues/share tips.
Asks for community leaders

**Promote the awareness** of therapies in your local communities
- Share information in local community outlets
- Post information online for individuals to understand that mAbs are available treatment options (neighborhood apps, social media, etc)
- Host outreach events

**Understand where treatment locations** are in your local community and encourage individuals to seek out mAb treatment

**Share experiences** to support others in pursuing treatment
- Post information online (blogs, social media, etc)
- Share your experience with HHS/ASPR at COVID19Therapeutics@hhs.gov
Catalog of resources to support distribution and administration of therapies

**Informational resources**
- Product Locator Tool
- HHS Public Health Emergency

**Guidance documents**
- Federal COVID-19 Response monoclonal antibody playbook
- Manufacturer specific playbooks
  - Regeneron
  - Lilly

**Peer experiences**
- Weekly calls and open office hours with team for questions

Please email COVID19Therapeutics@hhs.gov if you have any questions
Video: Patients Share Their Experiences
What really got me was the loss of smell and taste,
Panel One

The Power of Partnerships: How Health Systems Partner with CBOs to Facilitate Access to Monoclonal Antibody Treatment

Christian Ramers, MD, MPH
Assistant Medical Director for Research and Special Populations
Family Health Centers of San Diego

Jane Thornhill, MSA
Vice President, Henry Ford Physician Network & ACO
Henry Ford Health System
Partnerships to facilitate access to Monoclonal Antibody Treatment

CDC Foundation Webinar

Christian B. Ramers, MD, MPH, AAHIVS

christianr@fhcsd.org - @cramersmd
Chief, Population Health
Medical Director, Laura Rodriguez Research Institute
Director, Graduate Medical Education
Family Health Centers of San Diego

Clinical Associate Professor – UC San Diego School of Medicine
Adjunct Associate Professor – San Diego State Graduate School of Global Public Health
Senior Clinical Advisor – Clinton Health Access Initiative - Global Hepatitis Program

6/29/21
319 patients have received mAb infusions (Bamlanivimab, Bamlanivimab/Etesevimab, or Casirivimab/Imdevimab) at FHCSD

4 total hospitalizations (rate of 1.25%)

Expected hospitalization rate in those at risk for severe disease possibly 7 or 8%? (22-26)
Timing and awareness are CRITICAL to ensure efficacy of COVID mAbs.
Cumulative (as of 6/19/21) COVID-19 Case Rates by zip code, San Diego

- Obvious and persistent geographic disparity of COVID-19 cases along racial and sociodemographic characteristics

[Link to source: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/COVID-19%20Watch.pdf]
The Inverse Equity Hypothesis

• **1979 – Inverse Care Law**: Availability of good medical care tends to vary inversely with the need for it in the population served

• **2000 – Inverse Equity Hypothesis**: Newly introduced health interventions will be initially adopted by the wealthier segments of a population who likely had the least need or such interventions
  
  • In the short term, absolute health inequalities would increase and only decline as the intervention gradually reaches the most deprived sectors of the population, by which time coverage among the most privileged sectors was already close to 100%

  “Any Serious Examination of epidemic disease has always shown that microbes make a preferential option for the poor. But medicine and its practitioners, even in public health, do so all too rarely.”
  
  - Paul Farmer, MD – *Partners in Health*

Mapping of Social Determinants of Health vs. mAb Availability

https://svi.cdc.gov/map.html
https://covid.infusioncenter.org/ - San Diego Infusion centers offering COVID-19 mAbs

2016 CDC Social Vulnerability Index

COVID-19 mAb infusion sites
Early Lessons Learned in COVID-19 mAb Implementation

• Community Awareness is key to improving availability and uptake of COVID-19 monoclonal antibody treatments

• Integration of Testing, Telemedicine, and linkage to COVID-19 mAb Treatment requires community involvement and high levels of collaboration rarely seen in the US healthcare system

• A Call to Action for Community-Based Organizations:
  • Help get the word out about the ‘unsung hero’ of the COVID-19 Pandemic
  • Anyone involved in COVID-19 community outreach or testing must be aware of local mAb infusion resources
  • Increased availability of COVID-19 mAbs in a community will save lives
Henry Ford mAB Infusion Volume Trend / Demographics

mAB Infusion Volume by Week

HHS Expanded Outreach/Capacity

Total Infusions = 1732
Infusions since HHS = 1026
Hospitalizations Avoided = 173
Deaths Avoided = 35

mAB Infusion by Race/Ethnicity

White
Black
Asian/Pacific Islander
Hispanic
Arab
Unknown

mAB Infusion by Gender

Women
Men

mAB Infusion by Age Group

Age 12 - 17
Age 18 - 34
Age 35 - 44
Age 45 - 54
Age 55 - 64
Age >65
MAB Infusion Workflow – Current State

Patient Referral Source

- **External Provider**
  - HF EPIC Provider
    - EPIC Order to “MAB Infusion”
  - Patient Outreach
    - Slicer/Dicer Report
  - Patient Direct
    - 313-874-7575
- **SEM Health Departments**
  - Contact Tracing Staff

**MAB Infusion HUB**

- CHASS
- HFH
- Macomb
- Allegiance
- FRL
- Columbus
- Home Infusion

Future State

- Community Healthcare Organization
- Community Locations

New
Panel Two

CBOs and Monoclonal Antibodies: How CBOs Can Improve Awareness of and Access to this Lifesaving Treatment

Felix Valbuena, Jr., MD
Chief Executive Officer
Community Health and Social Services Center (CHASS)

Jayne M. Morgan, MD
Clinical Director, COVID-19
Task Force Lead
Piedmont Healthcare
We believe health care is a basic human right.
CHASS Center

The Community Health and Social Services Center was formed to develop, promote and provide comprehensive, accessible and affordable quality primary health care and support services to all residents of the community, with special emphasis on the underserved African American and Latino populations. CHASS is committed to the overall well-being of the community.

• Established in 1970.
• The belief that health care is a basic human right.
• The understanding that effective health care requires a comprehensive and holistic approach.
• The knowledge that meaningful access requires a community-based approach and a culturally competent staff.
la Salud de la gente es un derecho humano. | We believe health care is a basic human right.
CBOs and Monoclonal Antibodies: How CBOs Can Improve Awareness of and Access to this Lifesaving Treatment

Jayne M. Morgan, MD
Clinical Director, COVID-19 Task Force Lead
Piedmont Healthcare
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Discussion

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Q&A
Call to Action

**MONOCLONAL ANTIBODIES for COVID-19:**
A Lifesaving Treatment Your Community Should Know About

**ACTIONS**
- Get vaccinated
- Obtain more information on monoclonal antibody treatment and share with your constituents
- Download the fact sheet and share this valuable information with your communities
- Wear a mask
- Watch your distance

**PLUS**
- CDC Foundation remains committed to supporting CBOs and working with you

**LEARN MORE**
- Visit HHS information on Monoclonal Antibodies
  [Combat COVID - Monoclonal Antibodies for High-Risk COVID-19 Positive Patients](https://www.hhs.gov)
- Visit Crushcovid.com
Resources for Community-Based Organizations

cdcfoundation.org/COVID-19-community-resources
Thank You!

Thank you again for attending.

As you log out, please take a moment and complete the brief questionnaire.

Your ideas will help us as we plan future webinars and assist in providing capacity building assistance to CBOs.

Today’s slides and a recording of this webinar will be posted online; a link will be provided.