

Reimbursement & Policy

Changes to hospital reporting requirements

Last week, HHS notified hospitals of changes to the daily hospital reporting requirements. Beginning June 10, TeleTracking fields 33-38, 39c and 39d will be optional. The fields address influenza and inventory and usage for bamlanivimab. As optional fields, these will not be included when evaluating a hospital's reporting compliance.

While the change is effective June 10, HHS noted that reporting entities are welcome to implement the changes at any time. The website is expected to be updated this week. For additional questions please contact:

- TeleTracking Support - 877.570.6903.
- HHS Protect - Protect-ServiceDesk@hhs.gov. Feedback on data elements and reporting can also be sent to this address with the subject "Data Feedback".

Moderna seeks full approval for vaccine

Moderna sent their [request](#) to the FDA today requesting a priority review of its license in hopes of receiving full approval of its COVID-19 vaccine for those 18 years and older. Data continues to be submitted to the FDA while Moderna continues its ongoing phase 3 clinical trials. Pfizer submitted a similar request for their vaccine to be considered for full approval approximately three weeks ago.

Quality & Patient Safety

Cases of heart inflammation reported post-vaccine

Over the last two months, the CDC [has documented](#) an increase in the number of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the heart lining) cases after receiving either the Pizer-BionNTech or Moderna mRNA vaccines. The cases are particularly of note for adolescents and young adults, affecting mostly males 16 years and older. Onset of illness typically occurred within several days of receiving the vaccination and more often after the second dose. In most cases, patients have responded well to prescribed treatments.

The CDC is recommending the following for clinicians:

- Continue recommending vaccinations for everyone 12 years and older.
- Report any cases of myocarditis and pericarditis post-vaccination to [VAERS](#).
- Consider myocarditis and pericarditis in adolescents or young adults with acute chest pain, shortness of breath, or palpitations. In this younger population, coronary events are less likely to be a source of these symptoms.
- Ask about prior COVID vaccination if you identify these symptoms, as well as relevant other medical, travel, and social history.
- For initial evaluation, consider the ECG, troponin level, and inflammatory markers such as C-reactive protein and erythrocyte sedimentation rate. If normal, myocarditis or pericarditis are unlikely.
- For suspected cases, consider consultation with cardiology for assistance with cardiac evaluation and management. Evaluation and management may vary depending on the patient age, clinical presentation, potential causes, or practice preference of the provider.
- It is important to rule out other potential causes of myocarditis and pericarditis. Consider consultation with infectious disease and/or rheumatology to assist in this evaluation. Where available, evaluate for potential etiologies of myocarditis and pericarditis, particularly acute COVID-19 infection (e.g., PCR testing), prior SARS-CoV-2 infection (e.g., detection of SARS-CoV-2 nucleocapsid antibodies), and other viral etiologies (e.g., enterovirus PCR and comprehensive respiratory viral pathogen testing).

Resources & Equipment

A county-level analysis of excess mortality in the US

Several studies have described the significant changes in 2020 U.S. mortality patterns due to the COVID-19 pandemic. Most of these studies have, however, estimated excess mortality at the national or statewide level. Authors of a recent PLOS Medicine article, [COVID-19 and excess mortality in the United States: A county-level analysis](#), use county-level data to test their hypothesis that areas with higher COVID-19 related mortality will also have higher rates of excess mortality generally. The study also highlights how sociodemographic and health characteristics influenced excess mortality during the pandemic.

Using data from the National Center for Health Statistics for the period January 1 – December 31, 2020 (reported before March 12, 2021), the authors found that for every 100 reported COVID-19 related deaths, an additional 20 excess deaths occurred from other causes – meaning that 17% (20/120) of excess deaths during the pandemic were attributed to causes other than COVID-19. The number of excess deaths not directly attributed to COVID-19 – and conversely, excess deaths attributed to causes other than COVID-19 – varied greatly, however, by county-level characteristics.

Rural counties, counties with higher proportions of smokers, higher proportions of residents with poorer health status or who were living with diabetes also had a higher proportion of excess deaths that were not attributed to COVID-19. Counties with higher percentages of non-Hispanic Black residents also reported higher percentages of excess deaths not attributed to COVID-19. The West, as a region, had higher proportions of excess deaths not assigned to COVID-19 relative to the rest of the country (with the exception of the Southern United States).

Similar to other papers, the authors convey that deaths directly related to COVID-19 alone will not reflect the full scope of the pandemic's impact on mortality. By characterizing the relationship between area-level characteristics and excess mortality during the pandemic, the authors highlight how we as a health care community can anticipate a need to manage patients in the face of restricted access to care – and which communities might need additional support to close the health equity gap. From the data included in this study, there were approximately 74,000 excess deaths during the pandemic that were attributable to causes other than COVID-19.

Disentangling exactly why the distribution of excess mortality due to COVID-19 versus excess mortality due to other causes varies by geography and will be a challenge – even as these analyses point to clues related to health literacy and health access. Regardless of the verdict, however, this analysis quantifies and reminds us of the many challenges and losses experienced during the pandemic to date – and lessons to learn for the future.

Virtual Meetings & Education

Webinar ~ Funding for Rural Care

AHA and the HHS Office of Rural Health Policy will discuss federal funding opportunities for rural hospitals and health clinics to assist with testing and vaccination.

COVID Funding Opportunities for Rural Hospitals and Clinics

Thursday, June 3 ~ 11a MTN / 10a PAC

[Join Zoom Meeting](#)

[Click to get our COVID-19 Updates](#)

Share this email:



[Manage](#) your preferences | [Opt out](#) using TrueRemove™

Got this as a forward? [Sign up](#) to receive our future emails.

View this email [online](#).

615 N. 7th St.
Boise, ID | 83701 US

This email was sent to .

To continue receiving our emails, add us to your address book.

emma