

WEBVTT

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00:03:46.880 --> 00:03:47.880

Jason Block: Hello.

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00:03:52.450 --> 00:03:57.039

TFGH Central Zoom: Jason. good to know that your your audio is working. I can hear you.

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00:03:57.310 --> 00:03:58.240

Jason Block: Oh, great!

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00:03:59.520 --> 00:04:05.070

Jason Block: That's a weird Internet things. Recently, when I'm at home, which I am today. So just let me

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00:04:06.020 --> 00:04:11.750

Jason Block: no. And I yeah, I think I'll know if it gets

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00:04:12.520 --> 00:04:15.190

Jason Block: messed up. But hopefully, this will be.

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00:04:15.400 --> 00:04:18.939

TFGH Central Zoom: Yeah, I can let you know if we hear any anything weird.

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00:04:21.370 --> 00:04:22.969

TFGH Central Zoom: Yup, that sounds good.

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00:04:24.170 --> 00:04:29.949

TFGH Central Zoom: and then I'll just do like a brief introduction and pass it to you since Cdc isn't able to join today.

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00:04:30.300 --> 00:04:36.960

Jason Block: Yeah. And I can, I can reference. I I don't know if you're gonna say anything about Cdc, but I can. I can say something to

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00:04:37.060 --> 00:04:39.959

TFGH Central Zoom: okay. Great. Well, thank you.

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00:04:40.570 --> 00:04:41.260

Jason Block: Sure.

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00:04:47.290 --> 00:04:53.529

Jason Block: And hilly I am. Gonna you saw probably in the slides I am going to mention that the whole Harvard program cycle for security thing.

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00:04:54.020 --> 00:04:56.669

Jason Block: So I was just gonna

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00:04:56.850 --> 00:04:59.940

Jason Block: talk through because it was in the newsletter. So it's gonna matter?

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00:05:00.020 --> 00:05:02.190

TFGH Central Zoom: Yeah, for sure. That makes sense to me.

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00:07:11.950 --> 00:07:17.839

TFGH Central Zoom: Hi, everyone! we're going to give folks a few minutes to hop on, and then we will get started

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00:08:48.110 --> 00:09:04.600

TFGH Central Zoom: right. It is a little past 11 here on the east coast. So we're gonna get started. I want to welcome everyone to this quarters. P cornets. Cdc, COVID-19, electronic health care data initiative webinar

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00:09:05.370 --> 00:09:16.040

TFGH Central Zoom: we are excited to share some updates with you. Cdc, had some scheduling conflicts. So isn't able to join today. But I'm going to press it to Jason to give us some updates.

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00:09:17.720 --> 00:09:20.639

Jason Block: All right. Well, thanks so much.

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00:09:22.220 --> 00:09:26.209

Jason Block: Hayley, Tanya, can you grant me access to share my screen.

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00:09:29.320 --> 00:09:30.330

Jason Block: There we go.

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00:09:32.500 --> 00:09:36.959

Jason Block: All right. Let me just get started here.

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00:09:38.740 --> 00:09:44.460

Jason Block: All right. Well, thanks, everyone. This is our Quarterly Update meeting that we've done

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00:09:44.910 --> 00:09:49.950

Jason Block: pretty regularly on the cornet. Cdc code 19 project.

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00:09:50.240 --> 00:09:59.600

Jason Block: And as always, I'll just start by thinking everyone for their ongoing support and work for this project

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00:10:00.180 --> 00:10:07.070

Jason Block: and and we are excited that we sort of keep making progress on this.

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00:10:07.510 --> 00:10:15.289

Jason Block: And so today, I'm gonna go over a couple of things. This is gonna be a little less data heavy compared to some of the other meetings that we've had.

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00:10:15.460 --> 00:10:38.309

Jason Block: and one of the reasons for that is that as we expressed in the Newsletter, and as a number of you might have heard in other ways. Harvard Pilgrim, where my academic department is in where our Research Institute is. had a side to security incident that I'll go over. We included some of the information about this in the Newsletter.

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00:10:38.310 --> 00:10:47.939

Jason Block: So that'll be the first thing. Then I'll go into our query updates. I'll be talking about our timeline, which has been adjusted accordingly. Because of this incident.

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00:10:48.400 --> 00:10:53.890

Jason Block: I'll go into some detail on our coming queries and our plans.

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00:10:53.920 --> 00:11:02.969

Jason Block: I'll close by talking about our year 4 plans, and just a general review of the manuscripts that we have.

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00:11:03.050 --> 00:11:06.109

Jason Block: I in process in various phases.

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00:11:06.450 --> 00:11:12.140

I'll spend a little time in terms of talking about data showing you some of the data that we have

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00:11:12.160 --> 00:11:23.930

Jason Block: captured from from our mortality analysis. And I'll get into some of the details on that which also includes a patient level data component which are which is in process.

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00:11:26.490 --> 00:11:38.190

Jason Block: Okay? So On April seventeenth, we got notified that Harvard pilgrim Their main business side of things had a cyber security Ransomware attack.

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00:11:38.380 --> 00:11:48.870

Jason Block: Harvard pilgrim took down all of our systems in order to prevent any spread of the malware. That was part of this ransom where attack

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00:11:49.500 --> 00:12:11.709

Jason Block: we know that there's been some effect on the Institute in terms of just data that has had to be analyzed in malware removed. But but the main issue that is arisen as the course of this was that We have not had access to any of our it systems for the last month.

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00:12:12.430 --> 00:12:29.120

Jason Block: The restoration of the system started last week. But what this has led to is essentially our inability to process queries. either the data that was coming in or to send out new queries into our systems are back up and running.

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00:12:29.180 --> 00:12:36.940

Jason Block: We actually came up with a workaround starting about a week and a half ago, and started to work on catching up

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00:12:37.020 --> 00:12:41.870

Jason Block: on some of the details of the queries that we had and

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00:12:42.050 --> 00:12:49.239

Jason Block: planning to do such as generating reports for queries in data that was coming in and also sending out a new query.

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00:12:49.900 --> 00:12:59.189

So we hope that we'll be fully up and running by this week. We expect there will be some lags, but there's some really positive signs that

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00:12:59.280 --> 00:13:05.059

Jason Block: the process, is really moving forward, that all started as I mentioned

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00:13:05.080 --> 00:13:12.709

Jason Block: a week ago today. and it's just gonna be a a slow process to get the whole network up and running for us.

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00:13:13.190 --> 00:13:18.719

Jason Block: We've got no notifications of any data, breaches or data compromise.

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00:13:18.730 --> 00:13:33.480

Jason Block: it really has just been a process of removing the malware that has been part of this. the investigation on this continues because they're taking a very, very careful approach to this, obviously because of the potential implications of it.

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00:13:33.570 --> 00:13:47.350

Jason Block: But so far, we haven't gotten any notification of that or any indication of it. Obviously, if there are issues, we will. let anybody know. if there are any problems that would relate to this project.

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00:13:48.010 --> 00:14:05.640

Jason Block: So that's sort of what we've been dealing with. You might have, wondered why we have been slow to send out queries and this has been the reason but we sent out a query that had been delayed. We sent it out last Friday, so we should be in process for moving forward.

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00:14:05.730 --> 00:14:07.990

Jason Block: as planned from this point. for.

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00:14:10.460 --> 00:14:17.620

Jason Block: Okay. obviously, any questions. Please put it in the chat. and we can go into any other details

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00:14:17.640 --> 00:14:26.459

Jason Block: The the truth about the cyber security event is that's about all we know. the the details are a little bit vag, because it's a law enforcement.

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00:14:26.560 --> 00:14:38.440

Jason Block: activity as well. And so the the specifics we don't really understand or or know a lot of the details except the Restoration process.

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00:14:40.300 --> 00:14:51.240

Jason Block: Okay, one additional piece. I know a number of you have been contending with this for the last several months. with the last several queries, and this was most evident.

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00:14:51.400 --> 00:14:52.450

Jason Block: and

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00:14:52.520 --> 00:15:00.610

Jason Block: the query that we sent out that ran on the full Cdm. And that was query number 40. I I'm sorry. Query number 39,

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00:15:00.670 --> 00:15:13.129

Jason Block: which was an assessment of preventive care services over the course of the pandemic, and before. and that query ran on the full Cdm. And it took sites a really really long time to run.

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00:15:13.730 --> 00:15:42.749

Jason Block: We had to break up the program into multiple different

parts in order for sites to be able to generate it without it timing out and We discovered we knew that some sites were having trouble with some of the queries, what we but we discovered that this was really a big problem. And as we start moving toward more queries that potentially will hit on the full Cdm, that might be really long to run, we knew that we needed to address this and sort this out.

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00:15:43.870 --> 00:15:57.990

Jason Block: So we have been working with our programmers, which is the Company Stat log that has developed the modular programs that uses and has working with us, worked with us throughout this project.

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00:15:58.430 --> 00:16:09.290

Jason Block: We have been talking to them for a while to try to address this, and when this really came to the point where the sites were struggling, and it and it was most sites that were struggling with this

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00:16:09.310 --> 00:16:20.410

Jason Block: we escalated this in terms of the urgency. They were able to discover an issue that was happening during the process of outputting data on our covariance.

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00:16:20.480 --> 00:16:28.120

Jason Block: So there are really 2 main steps that happen when we develop in and run these these modular programs.

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00:16:28.170 --> 00:16:29.470

The first is that

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00:16:29.490 --> 00:16:55.940

Jason Block: we identify cohorts of patients. And so we have some criteria, for example, patients testing positive for Covid. that might be one cohort and another cohort might be patient testing positive for Covid, who had an encounter in an ambulatory care setting around the time of their positive Covid test. So that's a that's a cohort that's set up by certain inclusion and exclusion criteria.

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00:16:56.330 --> 00:17:15.370

Jason Block: Once those cohorts are set up, then we output data on patients that meet the the criteria for that cohort. So we output demographics and underlying conditions and co-occurring conditions and medication use. we cross time with

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00:17:15.400 --> 00:17:24.629

Jason Block: some of the covariance like demographics. So we look at month by age and month by race and various other aspects.

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00:17:24.810 --> 00:17:38.880

Jason Block: That's where it's stat log discovered that the main issue is happening for these long run times we were able to integrate a fix for that that we were able to put into place for the query that we just sent out on the Friday.

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00:17:39.120 --> 00:17:48.949

Jason Block: We think that this will reduce one times by at least 30% and maybe longer. And we actually got one of our sites to respond to us. This morning, saying that

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00:17:49.000 --> 00:18:02.919

Jason Block: previously the queries took up to a week to run, and the most recent query was able to run within 36 h. so a substantial reduction in that query Runtime for some of the sites we're hoping that this is going to address

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00:18:02.940 --> 00:18:07.939

Jason Block: many of the issues. We still have some ongoing discussions with our programmers about

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00:18:08.100 --> 00:18:31.060

Jason Block: further efficiency updates. but this one may be a a big one that really helps sites to get these done more efficiently and doesn't interfere with other work, because that that was an issue that some sites were having. They. They had other front door queries. They had other queries that were happening in the network. And this was cutting into their ability to run multiple simultaneously.

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00:18:31.760 --> 00:18:36.660

Jason Block: We're going to need to make sure that we're generating the same data that we normally do. But in our tests

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00:18:36.750 --> 00:18:53.699

Jason Block: of this new modular program, we feel like that's doing it properly. So we will let you know if there are any issues. And please let us know how this is going on your end. because we appreciate all



the feedback. And that's really how we discover that there are things that we need to fix.

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00:18:56.210 --> 00:19:04.450

Jason Block: Okay. moving on to our timelines for the rest of this contract period. So this is your 3 of this project.

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00:19:04.500 --> 00:19:17.199

Jason Block: our contracted period goes through the end of July. and what we're working on right now is to catch up for the work that we haven't been able to do for the last couple of weeks.

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00:19:17.440 --> 00:19:25.639

Jason Block: So we have 2 queries that we've completed. this is query version number 39, which was the one that went on the full Cdm.

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00:19:25.720 --> 00:19:28.200

Jason Block: And look at preventive care service

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Jason Block: prevalence or use over the course of the pandemic, for this is 2018 to 2022. So during the pandemic, and before

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00:19:37.900 --> 00:19:49.599

Jason Block: we did a a revised version or updated version of our assessment of cardi complications after covid infections and after Mrna Covid vaccinations

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00:19:49.700 --> 00:19:51.679

Jason Block: which we had done last year.

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00:19:51.710 --> 00:19:56.170

Jason Block: And so we repeated that query that was recording number 40.

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00:19:56.460 --> 00:20:07.319

Jason Block: So we have received the data for those queries, and we have been in the process of planning to generate those reports, but have been held up because of this event that we had at Harvard Pilgrim.

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00:20:07.630 --> 00:20:19.710

Jason Block: We're now in the process of catching up on those we're actually starting with the cardiac complications report first, because that's a more urgent request from Cdc, they'd like to have some of this information available.

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00:20:20.470 --> 00:20:32.459

Jason Block: certainly, by the summer. And so we expect to have that report generated this week and shared with Cdc, and we'll start working on the details of that one as soon as we get that report.

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00:20:34.180 --> 00:20:49.769

Jason Block: We also were delayed in sending out a new query. And that delay actually gave us a little bit of time to. We fashion a query that we've been doing repeatedly. I'll talk about that shortly. But we sent out a query last Friday. This is version 41.

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00:20:49.780 --> 00:21:00.740

Jason Block: We're calling this our new survey once query. And I'll describe to you what that entails. So we're basically about 2 to 3 weeks behind schedule but in the process of trying to catch up.

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00:21:01.620 --> 00:21:18.000

Jason Block: so the surveillance query is due June second. this is on the Covid, Cdm, we're asking everyone to update their Covid Cdm, before running this and then to try to generate this these results as soon as you possibly can, if we can close this one before June second

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00:21:18.020 --> 00:21:24.910

Jason Block: and make up a little bit of time that we lost before we'd appreciate it but the the due date for that is June second.

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00:21:25.710 --> 00:21:32.250

Jason Block: the week of June fifth We're intending to run at our second query that we're going to do on the full. Cdm.

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00:21:32.300 --> 00:21:43.419

Jason Block: this is one that's looking at. the diagnosis of incident diseases before and during the pandemic. I'll show you some details about that. But this is

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00:21:43.450 --> 00:21:56.530

Jason Block: motivated by the idea that we expect a number of chronic diseases. in that diagnosis of them. We're probably delayed during the course of the pandemic. We don't know the extent of that. We don't know the extent of potential catch up

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00:21:56.580 --> 00:22:07.440

Jason Block: on those diagnoses. And so we're trying to get a better understanding of that and understand the characteristics of people who are being diagnosed with these different diseases over the course of time.

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00:22:07.480 --> 00:22:09.980

Jason Block: That will run again on the full Cdm.

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00:22:11.190 --> 00:22:20.220

Jason Block: And then we have about the room we have. We have room for what we think are 3 queries through the end of the contracted period of time.

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00:22:20.640 --> 00:22:25.959

Jason Block: One is a query that we've been developing for a number of a number of weeks.

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00:22:26.020 --> 00:22:30.009

Jason Block: this actually has a new modular program component to it.

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00:22:30.080 --> 00:22:39.709

Jason Block: where we are identifying patients who have hypertension and diabetes and then categorizing them based on their control of hypertension and diabetes

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00:22:39.870 --> 00:22:53.109

Jason Block: over the course of time. And so we're going to look at whether the percent of people who were in control for their hypertension and diabetes changed over the course of the pandemic.

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00:22:53.330 --> 00:23:05.440

Jason Block: So this will be similar to the incident diseases one. But we're actually going to be looking at some characteristics of people who have been diagnosed with different chronic diseases. That's been one on the full CEO.

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00:23:06.110 --> 00:23:23.500

Jason Block: The past query. We have been thinking through a number of different ways that we could potentially contribute to the understanding of post the future quality of covid and I have a slide on that that I'll describe what we're thinking about in that regard.

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00:23:23.620 --> 00:23:34.829

Jason Block: And then there's been real interest in exploring some additional diseases in the diagnosis of the incident diseases over the course of the pandemic. We're doing this first one the week of June fifth.

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00:23:34.850 --> 00:23:46.129

Jason Block: But as we've discussed this with our scientific advisory group. There are a number of different other diseases that have emerged as one that we might want to explore, that we couldn't fit into that first query.

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00:23:48.480 --> 00:23:59.999

Jason Block: okay, so I'll go through these each individually. and then we'll close up at the end. with a a discussion of sort of next steps on this overall project.

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00:24:01.140 --> 00:24:12.950

Jason Block: So many of you may recall that every couple of months over, especially the first 2 years of our contracted period with Cdc, we've been running what we were calling our cumulative query.

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00:24:13.380 --> 00:24:28.230

Jason Block: This was a query that in, included in assessment of patients who were testing positive for Covid being diagnosed with Covid receiving certain medications, patients who were tested for Covid, but were negative

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00:24:28.270 --> 00:24:39.179

Jason Block: and then we ended on different components. To this. over the course of time. The main purpose of this query was to just render, understand the full burden of

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00:24:39.650 --> 00:24:49.859

Jason Block: of Covid over time in the characteristics of people who

are being tested and reposit that negative and had different elements to them by care. Setting, for example.

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00:24:50.350 --> 00:24:59.950

Jason Block: this fed into the Covid data tracker which is still being updated. and But what we decided is, we probably don't need to keep doing this in the same way.

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00:24:59.970 --> 00:25:08.240

Jason Block: so, for example, you don't really need to be testing or tracking the patients who have always tested negative for Covid. They're such a high burden

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00:25:08.250 --> 00:25:14.589

Jason Block: of Covid and the majority of the population has been infected at least once.

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00:25:14.690 --> 00:25:23.189

Jason Block: And so we, we think that the negative cohorts are a little less meaningful now than what they were for a good portion of the pandemic.

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00:25:23.990 --> 00:25:36.080

Jason Block: So we've decided to combine our cumulative query with our medication disparities. Query, We did a number of those as well where we looked at. For example, patients who are receiving packs loved

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00:25:36.090 --> 00:25:50.349

Jason Block: whole new peer-review or monoclonal antibodies. and this was primarily focused on on the on Pax lovat, and monoclonal's when mono konos were in regular use.

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00:25:50.760 --> 00:26:03.589

Jason Block: But what we decided is to combine those queries we're going to call this our new surveillance query. We're going to focus on those who are testing positive. Those are being diagnosed with Covid. We're going to include an assessment by care setting, which is what we've always done.

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00:26:03.960 --> 00:26:14.180

Jason Block: We're going to do a broader assessment of second infections. and we're going to include assessments of use of pexlov

and malnutrition and outpatient, rimmed as a year.

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00:26:15.730 --> 00:26:22.729

Jason Block: Port portion of this that will, include details from the cumulative query will be throughout the life of the pandemic

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00:26:22.760 --> 00:26:36.639

Jason Block: whereas the medication assessment is really going to be focused on the period of time when oral antivirals became much more prevalent in use, which was starting in April of 2,022, so roughly for the last year.

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00:26:37.360 --> 00:26:49.749

Jason Block: We're not going to look at monophonals, because those are not really not at all being used before. There are no approved monoclonal right now. and And so this is what we're going to track going forward.

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00:26:50.290 --> 00:26:55.069

Jason Block: There's also we have started to look at flu. We also looked at. Rsb.

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00:26:55.110 --> 00:27:09.869

Jason Block: there's an interest at Cdc to start tracking a combination of flu with the with prescriptions for alcohol, Tamavir. And so this will be included, is included in the surveillance query that's out in the network right. Now

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00:27:10.500 --> 00:27:26.259

Jason Block: we expect to repeat this one every probably 3 months or so. so that we can continue to feed this information to Cdc, and we want to get much more regular in our incorporation of this information. back to Cdc.

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00:27:26.310 --> 00:27:28.660

Jason Block: so this is the one that was sent out on Friday

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00:27:29.070 --> 00:27:38.640

Jason Block: again. Covid. Cdm, we're gonna ask you to update your Covid. Cdm, every time we run this query. And so please Update the Covid Cdm before running the one that's in the network right now.

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00:27:41.750 --> 00:27:50.719

Jason Block: Okay, Now, several weeks ago we had run a query, where we had kind of a 2 phased aspect to the query.

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00:27:51.010 --> 00:27:55.379

Jason Block: One aspect was, we did our traditional typical

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aggregate data poll.

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00:27:58.160 --> 00:28:08.049

Jason Block: and this was a query that was focused on assessing patients who died After testing positive or being diagnosed with covid, or who are hospitalized.

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00:28:08.170 --> 00:28:11.869

Jason Block: We stratify this by use of medications by age.

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00:28:12.110 --> 00:28:29.850

Jason Block: we also pulled a de identified patient level data set for this, and this enables us to do more complicated analyses that we have been seeking to do for some time. We now have all this data in hand. We've been working with the patient level data file and cleaning it up and putting together an analytic data set

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00:28:29.940 --> 00:28:31.830

Jason Block: for the last several weeks

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00:28:31.900 --> 00:28:42.290

Jason Block: and we've been paused because we haven't been able to do this for the last 4 or 5 weeks or so, but we expect to pick this up again, starting this week.

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00:28:42.840 --> 00:29:04.489

Jason Block: and our outcomes for this will be looking at 30 day mortality. hospitalization within 2 weeks of the index date of Covid diagnosis receipt of Covid medication. We're testing positive for Covid, and we have a number of different covariance that we pulled one patient in this data set. This is focused on those who are 50 plus years of age.

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00:29:05.820 --> 00:29:26.409

Jason Block: We are gonna be using logistic regression to examine the outcomes. And we're currently trying to think through exactly how we're going to sort out this analysis. I'll show you a couple of data slides on this shortly. but one of the things that we found is pretty profound differences in immortality and a hospitalization among those who receive medications.

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00:29:26.520 --> 00:29:38.600

Jason Block: the specifically the or antivirals, and those who did not receive medications. And we can't necessarily make a causal argument about the effectiveness of medications.

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00:29:38.730 --> 00:29:47.530

Jason Block: in this analysis. But we want to be able to potentially stratify by the medic the use of medications or not and examine predictors

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00:29:47.730 --> 00:29:55.359

Jason Block: these outcomes that we have. so we are currently processing this and and working through the details of this

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00:29:55.640 --> 00:30:01.950

Jason Block: as part of this, we are going to be doing some of these analyses on the Patient Level data at Harvard Pilgrim.

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00:30:01.980 --> 00:30:10.479

Jason Block: We also are going to be transferring an analytic data set to the Louisiana Public Health Institute. which is the lead site for the Reach net Crn.

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00:30:10.760 --> 00:30:35.480

Jason Block: and there will be some Cdc analysts that will be able to access that data that sits on the Lph, I servers. And we're gonna all work together to sort of combine and do parallel analyses for this patient level data so that we can do the most effective and efficient. analysis of this particular assessment which Cdc really has prioritized. It's understanding

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00:30:36.010 --> 00:30:43.349

who are the people that are really still having a a high burden of covid infection with hospitalization and mortality.



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00:30:45.360 --> 00:30:53.970

Jason Block: Okay, so just to give you an understanding of what this data looks like, we have a just over 450,000 patients. who

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00:30:54.020 --> 00:31:04.089

Jason Block: have tested positive for Covid, had a Covid diagnostic code, or received a covid medication from April to December of 2,022, which is the time period for this analysis.

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00:31:04.700 --> 00:31:16.519

Jason Block: There's the race and ethnicity breakdown. And then, if you look at the total population of patients that are receiving different medications. This was a period when people are still receiving monoclonal

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00:31:16.820 --> 00:31:33.349

Jason Block: and then we started to see a high uptake of Peck's Lovat. And then some use of mole, new, pure, rare, outpatient one des of year. and then we're still assessing and capturing information on what percent of patients have been vaccinated in the past

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00:31:34.370 --> 00:31:49.280

Jason Block: low burden of mortality about 1% overall, about 2% that are receiving care in Icu settings or but critical care assessments. and then about 1% to have been treated with mechanical ventilators.

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00:31:49.680 --> 00:32:00.359

Jason Block: You can see how this breaks down by age. the majority of the patients were between 50 and 64 but then we broke it down by the 2 older age groups as well.

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00:32:00.990 --> 00:32:04.559

Jason Block: and then you can see the breakdown of use of.

148

00:32:04.630 --> 00:32:06.260

Jason Block: And multi-

149

00:32:06.270 --> 00:32:14.409

Jason Block: we actually had lower use of these medications in the the oldest age group. And so that's a something that we want to assess

about 27%

150

00:32:14.650 --> 00:32:25.109

Jason Block: of those who are 80 plus receive hex covid compared to 38% of those 65 to 79 and 33% of those 50 to 64

151

00:32:25.310 --> 00:32:35.049

Jason Block: pretty similar use of my new peer of er during this time period as well. So this is just the basic information. that we are getting for the population that we pulled data on.

152

00:32:36.430 --> 00:32:47.279

Jason Block: We did some graphics looking at mortality, by age, category and by whether or not patients had underlying conditions.

153

00:32:47.350 --> 00:32:50.939

Jason Block: We have all patients. We have those who had any

154

00:32:50.950 --> 00:33:05.450

Jason Block: of a broad list of underlying conditions. And then we have a select group of comorbidities that were underlying that we deemed as severe. These are patients on immunosuppressive medications and prior transplants. We're receiving care for active cancer.

155

00:33:05.750 --> 00:33:12.400

Jason Block: and this is broken down in the bar graphs by all patients, by patients who

156

00:33:12.580 --> 00:33:26.330

Jason Block: we didn't have any evidence that they had received any medication for treatment of COVID-19. That's in green and purple as those who had received back sloven. and in the darker blue is those who would receive more new peer beer.

157

00:33:26.690 --> 00:33:46.660

Jason Block: And so this is mortality you can see overall. Immortality is pretty low. it does get higher. In the older age groups you can see, mortality is about 3% for all patients who are 80 plus compared to much lower rates for those 65 to 79 and 50 to 64.

158

00:33:47.150 --> 00:34:05.759

Jason Block: And then really the biggest difference that you can see in these populations that seems to carry forward for all age groups is that those patients who are not receiving any medications in green had a much higher mortality rate than those who are treated with packs loaded and whole new peer beer which isn't purple and blue

159

00:34:05.820 --> 00:34:24.209

Jason Block: and that's across all patients, those with any comorbidity, and those with the severe comorbidities. you start to see the Pax loved. patients, patients who are Cpac covid, and patients who receive moment peer where a slightly higher mortality rate in 80 plus group

160

00:34:24.260 --> 00:34:29.869

Jason Block: but it's still rather low and much lower compared to those who are not receiving medicines.

161

00:34:29.920 --> 00:34:44.050

Jason Block: Now we know there are lots of reasons why people might not have received medications. And so we want to be able to analyze this in the most careful way possible without attributing this as medication effectiveness alone, because there's lots of confounding there.

162

00:34:45.270 --> 00:34:52.579

Jason Block: This is hospitalization. You can see. The Y-axis here is out of 50 instead of for mortality, which was out of 10

163

00:34:52.710 --> 00:35:11.459

Jason Block: similar pattern here. This is the same exact graph by age, by underlying condition. and then the different bar colors are all patients in blue, green is no medication purple as Pax loved, and dark blue is more than a P of your, and you can just see much lower hospitalization rates

164

00:35:11.520 --> 00:35:13.319

Jason Block: for those

165

00:35:13.580 --> 00:35:20.889

Jason Block: who are treated with, and we'll move here we are compared to no medications. so it's just a similar pattern, but a different scale.

166

00:35:22.370 --> 00:35:26.799

Jason Block: We also broke this down just looking by race.

167

00:35:26.930 --> 00:35:39.219

Jason Block: just to understand a little bit about whether or not we're seeing major differences in the hospitalization rates. I didn't show this by my mortality, because those rates are so low. It's really hard to see any differences in that group.

168

00:35:39.420 --> 00:35:41.959

Jason Block: But the hospitalization rates are a little bit higher

169

00:35:42.000 --> 00:35:49.380

Jason Block: And so we looked at this by race. And so you can see here, this is categorized by all patients, which is the first group.

170

00:35:49.720 --> 00:35:52.879

Jason Block: patients not receiving a medication.

171

00:35:53.110 --> 00:36:00.979

Jason Block: those receiving packs a little bit and those receiving moment peer beer. And you can see the racial groups in the different bar graph colors.

172

00:36:00.990 --> 00:36:02.980

Jason Block: in the legend here.

173

00:36:03.590 --> 00:36:19.380

Jason Block: So I'll just show you a couple of things just to note which is that white patients are in this kind of medium blue color. Black patients are in green, and you can see a little bit of difference. in the all group.

174

00:36:19.400 --> 00:36:24.209

Jason Block: and in the in the no medication group.

175

00:36:24.410 --> 00:36:32.699

Jason Block: Not a whole lot of difference in the tax will open and only peer of your group primarily because the hospitalization rates are just so incredibly low in that group.

176

00:36:32.940 --> 00:36:45.049

Jason Block: So we start to see some possibility that there could be some racial disparities. in this assessment. And this is part of the reason that we want to do this patient level data analysis to really be able to understand this better.

177

00:36:46.240 --> 00:36:51.079

Jason Block: This is the 80 plus group, you can see hospitalization rates much higher in this group.

178

00:36:51.400 --> 00:36:56.039

Jason Block: and obviously, this is not representing the

179

00:36:56.200 --> 00:37:13.289

Jason Block: burden of hospitalization in the full population of patients that are that are have Covid. It's really those who are presenting to the health care system that we can identify. So we're missing a lot of patients, obviously, who are just being diagnosed at home and never present to the health care system.

180

00:37:13.470 --> 00:37:27.319

Jason Block: but you can begin to see again. I'll just point out the green, which is Well, in this case it's slightly different. colors here, but what we're seeing is some disparities, whereas the patients are white.

181

00:37:27.400 --> 00:37:44.599

Jason Block: and Asian have lower hospitalization rates compared to those of other racial groups. again, you don't see a lot of differences. You see, this one spike impacts lovin for native Hawaiian, other Pacific Islander patients. But that's from a very, very small population.

182

00:37:44.600 --> 00:37:57.700

Jason Block: And so I'm not sure I'd make too much of it. Not a lot of difference among those who are treated with medicines more differences than emerge among those who are not treated with medicine. So we will try to understand this better in a more sophisticated analysis.

183

00:37:59.660 --> 00:38:03.889

Jason Block: Okay. that's sort of where we are with our current work.

184

00:38:04.670 --> 00:38:12.599

Jason Block: And this is where we're going for the next couple of weeks. As we move toward the end of July and the end of this contracted period.

185

00:38:13.110 --> 00:38:16.529

Jason Block: our next query that we intend to release the week of June fifth.

186

00:38:16.610 --> 00:38:25.519

Jason Block: is an assessment of incident diseases. So the diagnosis of diseases. And we're looking at incidents

187

00:38:25.540 --> 00:38:30.460

Jason Block: from 2,018 to 2,022. So, looking before and during the pandemic.

188

00:38:31.400 --> 00:38:44.250

Jason Block: this query will mirror very closely what we did in the preventive care services? Query. So we're going to be looking at several cancers that we also have assessed as part of the preventive care services, breast colorectal serve going on cancer.

189

00:38:44.540 --> 00:38:55.240

Jason Block: We're going to be looking at some pre cancerous diagnoses, a cervical int for epithelial in Theoplasia. So high grade cervical dysplasia colonic at nom was.

190

00:38:55.660 --> 00:39:01.309

Jason Block: We're also gonna be looking at hyper cholesterolemia. So, for example, incident use of statins.

191

00:39:01.410 --> 00:39:17.910

Jason Block: we're still processing this. But that's our our plan, and then incidents of diabetes using codes and medications and hypertension, also using codes with medications. And there's some where we need to use sort of a combination of codes and medicines, because there are some

192

00:39:17.910 --> 00:39:31.960

Jason Block: medications that are used for purposes other than the condition that we're assessing. For example, beta blockers are used after mile carting on functions, and sometimes, use to address a panic disorder.

193

00:39:32.450 --> 00:39:42.390

Jason Block: And so we're going to be doing some combination of things in order to get as a close as we possibly can to looking at incidents of these diseases.

194

00:39:42.820 --> 00:39:44.949

This will run on the full Cdm.

195

00:39:45.210 --> 00:39:49.679

Jason Block: and again. This is this is one that's upcoming. Soon

196

00:39:52.350 --> 00:40:07.449

Jason Block: we are brainstorming right now with Cdc on how we can start make some making some contributions on past without doing things that we think are a little bit less useful at this stage of the analysis. at this stage of the process.

197

00:40:08.670 --> 00:40:10.960

Jason Block: so one of the things that we think that the cornet

198

00:40:11.110 --> 00:40:23.500

Jason Block: network can provide some useful information on is long term utilization of care among patients who are classified as having post acute equality of covid.

199

00:40:24.580 --> 00:40:26.719

Jason Block: We don't think it's particularly useful for our

200

00:40:26.750 --> 00:40:34.370

continuing to look at differences in incidents of certain conditions among patients assessing positive versus negative.

201

00:40:34.580 --> 00:40:45.510

Jason Block: Again, most patients have been exposed to covid over the course of time, and so that negative population is maybe less of a useful compared to group.

202

00:40:45.600 --> 00:40:57.420

Jason Block: We do still have some pending work that we did in the past. and some manuscripts that are under review that have used this, but they really focused on a time period where this was more relevant than currently.

203

00:40:58.280 --> 00:41:09.010

Jason Block: CD seems really UN interested in understanding the burden that patients experience over the course of time after they might have been found to have a past diagnosis.

204

00:41:09.720 --> 00:41:26.349

Jason Block: And so our plan right now is to start. Look at looking at health care, utilization of the year post covid. And so the the past period is between 31 days to 180 days. So we're looking at people

205

00:41:26.350 --> 00:41:39.990

Jason Block: who were diagnosed with a range of different conditions in that period after testing positive for Covid. And then the idea is to understand the total utilization of health care that those patients

206

00:41:40.120 --> 00:41:50.340

Jason Block: experience over the year after their covid ailments. So we're looking over on calendars, munchy department visits, hospitalizations, and things like that.

207

00:41:51.020 --> 00:42:04.020

Jason Block: Our plan is to potentially stratify my past condition, subtype, and to also look at differences by different demographics, age, gender, and specifically focus on the types of encounters or the types of severity

208

00:42:04.030 --> 00:42:06.780

Jason Block: of the initial covid illness.

209

00:42:07.010 --> 00:42:23.720

Jason Block: So this is still very much in process and still very much in the brainstorming phase. But this is something that we're hoping to do a query on by the end of this contracted period. And we're meeting with Cdc at some point probably in the next week, to start hashing this out.



210

00:42:26.870 --> 00:42:32.679

And then I talked about a second incident diseases which also might include some preventive care services.

211

00:42:32.770 --> 00:42:34.320

Jason Block: assessment.

212

00:42:34.610 --> 00:42:44.829

Jason Block: so a lot of interest in potentially looking at the diagnosis of different infectious diseases over the course of the 28 to 2022 time period.

213

00:42:45.020 --> 00:42:58.300

Jason Block: most of this will be focused on adults, but some also in children. There's a a real interest in alcohol use to store and opioid use disorder. And how that's that diagnosis of that has changed over the course of the pandemic.

214

00:42:58.530 --> 00:43:01.059

Jason Block: and then, in terms of preventive care services.

215

00:43:01.080 --> 00:43:18.880

Jason Block: we. When we have looked at this before, we only look at adults. but there's interest in looking at pediatric populations, and maybe really doing a deep dive. This may grow into a series of queries that we would do potentially in the next year of our contract, which I'll talk about shortly.

216

00:43:18.880 --> 00:43:31.560

Jason Block: on pregnancy, and really trying to understand what has happened in terms of the care services that patients who are pregnant have received before and during the pandemic.

217

00:43:31.780 --> 00:43:39.609

Jason Block: So this is still also in the brainstorming phase. and we're working through it and trying to prioritize this with our scientific working group

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00:43:39.720 --> 00:43:41.130

Jason Block: in the Cdc.

219

00:43:43.660 --> 00:43:47.529

Jason Block: okay. just a few more slides, and then we can wrap up.

220

00:43:48.450 --> 00:43:55.340

Jason Block: We have a number of different manuscripts that are in various phases of review by journals and updates.

221

00:43:55.410 --> 00:44:04.120

Jason Block: these are the the manuscripts that we have had a collaborative authors on a number of the top. 4 of these

222

00:44:04.260 --> 00:44:13.749

Jason Block: we did a a a chronic disease regression paper, where we looked at the relationship between control of hypertension and diabetes and severe Covid outcomes

223

00:44:13.790 --> 00:44:27.389

Jason Block: that's under view in the Journal of the American Heart Association. We have had these 2 trim papers that we've updated in a number of times just looking at demographic trends. you can test positivity over the life of the pandemic.

224

00:44:27.650 --> 00:44:38.239

Jason Block: We are updating these through November. They were reviewed by journals rejected, and we decided to just update it with the data that we have available to us. before we resubmit these

225

00:44:38.340 --> 00:44:43.649

Jason Block: the pediatric one will be resubmitted fairly soon, and the adult one as well.

226

00:44:44.430 --> 00:44:55.059

Jason Block: And then we have a long Covid regression paper that was rejected both by plus medicine and one of the Lancet regional journals. we are revising that and reducing the length of the manuscript

227

00:44:55.140 --> 00:45:01.000

Jason Block: currently, and our plan is to resubmit that shortly to the Journal of General Internal Medicine.

228

00:45:02.160 --> 00:45:12.560

Jason Block: We have a a paper that's been drafted by the team at the Louisiana Public Health Institute. that's looking at trends and disease severity over the course of the pandemic.

229

00:45:12.660 --> 00:45:20.399

Jason Block: that's been reviewed by the writing team with an initial round of edits. And the Lph. I team is currently

230

00:45:20.500 --> 00:45:32.349

Jason Block: editing that and we'll be turning that around for another review before we get that out to a broader group across the network including with a collaborative authorship group.

231

00:45:32.950 --> 00:45:35.540

Jason Block: And then the last one that we're working on currently

232

00:45:36.120 --> 00:45:57.100

Jason Block: is one that Cdc is going to take the lead on combining the coordinate data with some other data sources that they have to understand a little bit more about stroke incidents after Covid. We did one dedicated query on this, which was a high priority one several months ago in Cdc's. Interested in sort of combining this across different data sources to understand the real burden of this.

233

00:45:57.380 --> 00:46:03.380

Jason Block: so you'll be hearing more about these over the course of of their role. We now.

234

00:46:03.970 --> 00:46:27.630

Jason Block: once we get the data set set up for the mortality in hospitalization risk assessment. We're going to be working on some manuscripts for that, and also working on a manuscript on a cardiac complications, a. A revised version of that, like we did last year. and then also the preventive care services. One so various manuscripts in various phases of development.

235

00:46:29.420 --> 00:46:41.200

Jason Block: Okay, I will close by mentioning year 4 updates. phi, I is applied for funding for year 4. We anticipate that this will come through and are hopeful.

236

00:46:41.200 --> 00:47:00.769

Jason Block: and the anticipated start date for that will be August first, but we won't know for sure. for a little bit of time. As soon as we understand whether this is going to move forward as expected, we will let you know. but we're we're hopeful that we can keep moving. With this.

237

00:47:01.670 --> 00:47:11.970

Jason Block: We expect there to be a slight budget. Decrease for year 4 of this. but we have tried to as much as possible reduce the burden of that on the sites.

238

00:47:12.390 --> 00:47:25.150

Jason Block: and so we expect only a 2% cut for sites, of which is about a thousand dollars in direct cost, because sites are receiving 50,000 in direct costs. per year of the project.

239

00:47:25.490 --> 00:47:44.060

Jason Block: We expect it to be a similar scope as your 3 without a lot of changes, maybe a a little bit less updating of the Covid. Cdm, as we move to doing more queries on the full. Cdm. but there will still be several covid targeted queries specifically for that surveillance query that I mentioned.

240

00:47:44.270 --> 00:47:51.560

Jason Block: and we will encourage and direct people about when they need to update their covid.

241

00:47:52.290 --> 00:48:05.429

Jason Block: And we're still working on a longer term plan with Phi. I with hopes to integrate this project as a core component of their ongoing work after year 4 but really hopeful that we can keep moving with this work.

242

00:48:06.660 --> 00:48:22.340

Jason Block: And with that I'm done. So. here are the emails. This is my email. This is Tom's email. Tom couldn't make it today. And then our project manager for this project is Lauren, Cleveland, and If there are any questions as always, please let us know

243

00:48:22.400 --> 00:48:30.050

Jason Block: and we are grateful for everyone's commitment and look forward to continuing to work with you.

244

00:48:30.100 --> 00:48:33.290

Jason Block: so I'll stop there. I'll stop sharing, and then.

245

00:48:33.320 --> 00:48:36.610

Jason Block: Hayley, you can let me know if there are any questions that have come up.

246

00:48:37.790 --> 00:48:45.699

TFGH Central Zoom: Have I got any questions? Folks feel free to use the the chat box to share questions?

247

00:48:45.820 --> 00:48:49.360

TFGH Central Zoom: we're happy to answer those

248

00:49:03.380 --> 00:49:12.820

TFGH Central Zoom: all right. No questions in the chat box. as always, you can email us after. If if you think of something later.

249

00:49:12.850 --> 00:49:17.000

TFGH Central Zoom: but I'll I'll just pause and see if

250

00:49:17.120 --> 00:49:22.589

TFGH Central Zoom: if Tanya, if you have any updates before we close out.

251

00:49:25.880 --> 00:49:28.000

Tonya Duhart: No, nothing here, thank you.

252

00:49:28.720 --> 00:49:29.690

TFGH Central Zoom: All right.

253

00:49:30.140 --> 00:49:35.729

TFGH Central Zoom: Great! Well, thanks, Jason, and thanks everyone for joining, and we'll be in touch.

254

00:49:35.780 --> 00:49:37.959

Jason Block: Have a great summer. We'll be in touch soon.

255

00:49:39.150 --> 00:49:40.210

TFGH Central Zoom: I all.