COVID-19 Vaccine Information
Ann Ehlert, PharmD, Pharmacy Manager

You may be fielding a lot of questions now and in the future about COVID-19 vaccines and the vaccination process. We hope the following information will help you answer these questions, clear up misconceptions, and encourage vaccination. Keep in mind that information related to COVID-19 can change quickly. For the latest on information about vaccinations in Minnesota, visit the Minnesota Department of Health (MDH) website.

Vaccine development and approval
Several COVID-19 vaccines are in development. They are being developed by many different manufacturers, using a large variety of techniques. Despite the large number of vaccines in development, not all will result in a usable and effective vaccine. Two vaccines are available in the United States as of January 29, 2021, from Pfizer and Moderna. Seven others are also in clinical testing.

Once vaccines make it safely through clinical testing, they are sent to the Food and Drug Administration (FDA), where they are subject to approval using either the full approval process or the emergency use authorization process. Drugs and vaccines with emergency use authorizations are still tested to make sure they are safe and effective; however, testing can be completed in a shorter period with approval given before final testing is complete.

Please let members know that the vaccine approval process ensures vaccines are safe and effective. The two vaccines approved in the United States as of January 29, 2021, have efficacy rates of 94.1 percent and 95 percent. The vaccines in final stages of testing have efficacy rates ranging from 66 – 89.3 percent.

See the following table for specific dosing and efficacy information for each vaccine.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Doses Needed</th>
<th>Efficacy</th>
<th>Time of Efficacy Testing</th>
<th>Approved in U.S. as of 2/1/2021?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer¹</td>
<td>2</td>
<td>95%</td>
<td>7 days after dose 2</td>
<td>Yes</td>
</tr>
<tr>
<td>Moderna²</td>
<td>2</td>
<td>94.1%</td>
<td>14 days after dose 2</td>
<td>Yes</td>
</tr>
<tr>
<td>Johnson &amp; Johnson³</td>
<td>1</td>
<td>66%</td>
<td>28 days after single dose</td>
<td>No</td>
</tr>
<tr>
<td>Novavax³</td>
<td>2</td>
<td>89.3%</td>
<td>7 days after dose 2</td>
<td>No</td>
</tr>
<tr>
<td>Astra Zeneca³</td>
<td>2</td>
<td>70.4%</td>
<td>14 days after dose 2</td>
<td>No</td>
</tr>
</tbody>
</table>

Information current as of January 29, 2021.
Vaccine administration and distribution
COVID-19 vaccines are currently being administered using a tiered approach based on the recipient’s exposure risk. Those with the highest risk, such as health care workers, the elderly, and those with chronic conditions, are in the first tiers. Facilities may advance through the tiers based on their population, which means different providers or areas may be vaccinating different groups at different times.

Currently, the COVID-19 vaccine has been purchased by the Federal government and is provided at no cost to states. COVID-19 vaccination administration is paid through either a pharmacy claim or a medical claim. Members will not have a copay.

More information
For more information, please visit the Minnesota Department of Health website or your local health system’s website.

Sources:

Upcoming Health Equity Training
Christi Matt, RN, CCP, Complex Case Management Care Coordinator
We may not always think of things like economic stability, education, food security, and a person’s environment or community as having an effect on health and health outcomes, but they do. To help us all become more aware of the challenges some members face and how they affect health, PrimeWest Health will provide education on health equity as part of the February 25 case management webinar. In preparation for the training, please familiarize yourself with the following definitions taken from the training module:
• Health equity is “a fair, just distribution of the resources and opportunities needed to achieve well-being.”
• Health inequity means “differences in health outcomes of a population that are systemic, patterned, and unnecessary, avoidable, unfair or unjust.”
• Health disparities are “population or group level differences in health.”

We look forward to exploring these topics in greater depth during the training on February 25.

Source:

Health Care Directives
Megan Nelson, RN, PHN, Care Coordinator
As a case manager, you play an important role in helping members make health care decisions and plans, including planning for end-of-life care and situations when a member is unable to make medical decisions. Discussing Health Care Directives (sometimes called “Advance Directives”) with members is a crucial step in this process.
What is a Health Care Directive and what makes it valid?
The term Health Care Directive refers to a written statement of a person’s wishes regarding medical treatment made to ensure those wishes are carried out should the person become unable to communicate them. The holder of the Health Care Directive can name a person (“agent”) to make medical decisions if the holder is unable or does not want to make these decisions. The agent cannot be the person’s health care provider, unless the health care provider is a family member or the person has given reasons for naming the health care provider as the agent. A person must be at least age 18 to make a Health Care Directive. In addition, while a designated form is not required, a Health Care Directive must meet the following requirements to be legal:

- Be in writing and dated
- State the member’s name
- Be signed by the member or someone the member authorized to sign when his/her ability to understand and communicate health care wishes was intact
- Have the signature verified by a notary public or two witnesses
- Include the appointment of an agent to make health care decisions and/or instructions about the health care choices the member wishes to make (MDH)

What are the types of Health Care Directives?
The following are the four main types of Health Care Directives. All definitions are from the American Cancer Society.

The Living will
The living will is a legal document used to state certain future health care decisions only when a person becomes unable to make the decisions and choices on their own. The living will is only used at the end of life if a person is terminally ill (can’t be cured) or permanently unconscious.

Durable power of attorney for health care/Medical power of attorney
A durable power of attorney for health care, also known as a medical power of attorney, is a legal document in which you name a person to be a proxy (agent) to make all your health care decisions if you become unable to do so. Before a medical power of attorney can be used to guide medical decisions, a person’s physician must certify that the person is unable to make their own medical decisions.

POLST (Physician Orders for Life-Sustaining Treatment)
A POLST form also helps describe your wishes for health care, but it is not an advance directive. A POLST form has a set of specific medical orders that a seriously ill person can fill in and ask their health care provider to sign. A POLST form addresses your wishes in an emergency, such as whether to use CPR (cardiopulmonary resuscitation) in an emergency, or whether to go to a hospital in an emergency and be put on a breathing machine if necessary, or stay where you are and be made comfortable.

Do not resuscitate (DNR) orders
...A Do Not Resuscitate or DNR order means that if you stop breathing or your heart stops, nothing will be done to try to keep you alive.

There are two types of DNR orders: one works while you are in the hospital, and one works when you are outside the hospital.

- If you are in the hospital, you can ask your doctor to add a DNR order to your medical record. You would only ask for this if you don’t want hospital staff to try to revive you if your heart or breathing stopped.

The non-hospital DNR is intended for Emergency Medical Service (EMS) teams. Unless you have a valid and visible DNR order, the EMS teams who answer 911 calls are required to try to revive and prolong life every way they can. A non-hospital DNR must be signed by both the patient and the health care provider.
For more detailed information on the different types of Health Care Directives, please review PrimeWest Health’s Health Care Directive (HCD) on-demand training in the County Case Management Manual.

What is the role of the county case manager in assisting members with their Health Care Directives?
PrimeWest Health’s goal is to make sure all members have documented their health care wishes in a Health Care Directive, and county case managers should have annual discussions with members about Health Care Directives. Documentation showing that this conversation has occurred is logged in the My Care Plan Information section of the PrimeWest Health care plan as well as in the PrimeWest Health Skilled Nursing Facility (SNF) Comprehensive Assessment Tool. It is also important that county case managers encourage members to talk with their primary care provider or other health care providers about their health care wishes before starting or revising a Health Care Directive.

Part of your role as a case manager is to discuss and answer questions related to Health Care Directives to help facilitate their completion. It is the responsibility of the member, legal representative, or appointed guardian to ensure the Health Care Directive is completed after discussion with the member’s primary care provider and interdisciplinary care team (ICT).

A printable Minnesota Health Care Directive form is available on our website for member use.

Additional resources
Members can also get more information and Health Care Directive forms by going to the Minnesota Board on Aging’s website or by calling the Board’s Senior LinkAge Line® at 1-800-333-2433. The call is free.

Sources:

Helping Family Caregivers Manage Stress
Kelly Anderson, RN, Care Coordinator
Being a family caregiver can be rewarding, but it can also be stressful. Compared to the general population, family caregivers are at an increased risk for health issues like depression and anxiety, diminished immune response, physical pain, and heart disease. In fact, female caregivers who take care of a spouse who is ill or living with a disability have double the risk of heart disease (FCA). Helping caregivers recognize and manage the daily stress in their lives can go a long way toward improving their mental, emotional, and physical health.

Signs of caregiver stress
Family caregivers are often so focused on caregiving that they don’t notice the effect it is having on them. Mayo Clinic offers the following signs of caregiver stress. Teaching caregivers to recognize these signs can give them the opportunity to manage their stress before it starts affecting their health.

• Feeling overwhelmed or constantly worried
• Feeling tired often
• Getting too much sleep or not enough sleep
• Gaining or losing weight
• Becoming easily irritated or angry
• Losing interest in activities
• Feeling sad
• Having frequent headaches, bodily pain or other physical problems
• Abusing alcohol or drugs, including prescription medications
Ways to help caregivers manage stress

Encourage caregivers to find ways of managing stress that work for them. In addition to sharing information about available local resources like support groups, you can discuss the following strategies from Mayo Clinic:

- **Accept help.** Encourage the caregiver to accept help when it is offered. It can be useful to have a prepared list of tasks ready for any volunteers to choose from.
- **Set realistic goals.** Recommend that the caregiver break up large tasks into smaller steps. Remind them that it is okay to say no.
- **Get social support.** Emphasize the importance of social support and encourage the caregiver to set aside time each week for connecting with friends and family.
- **Attend to personal health needs.** Encourage the caregiver to set personal health goals like establishing a good sleep routine or being physically active for a certain number of hours each week. Remind the caregiver to schedule regular health care visits and keep up on vaccinations and screenings. The caregiver should ensure that their provider knows they are a caregiver and discuss any related concerns.

Another option to discuss with caregivers is respite care. It is not always easy for caregivers to leave a loved one in someone else’s care, but a break is good for both the caregiver and the loved one. Providing information on the different types of respite care available can help.

**Offer encouragement**

Caregivers may be hesitant to take time for themselves or practice self-care. Remind them that the better care they take of themselves, the better the care they will be able to provide.

**Sources:**

**Helping Children and Adolescents during COVID-19**

*Ann Challes, RN, BSN, PHN, CMCN, Behavioral Health Coordinator*

From at-home learning to canceled activities to missed events, the COVID-19 pandemic has created many challenges for children and adolescents. As a case manager, you are in a position to help parents guide their children through this unprecedented time.

**Help with emotional health**

Young people aren’t exempt from the worry and anxiety produced by COVID-19, but they may have trouble expressing or naming these feelings. When it comes to the pandemic itself, encourage parents to listen to and talk with their children about COVID-19 in an age-appropriate way, using words that they can understand. Remind parents that children pick up on both verbal and non-verbal cues (MDH).

At-home or hybrid learning, canceled extracurricular activities, and limits on activities outside the home can cause feelings of social isolation. Suggest to parents that they encourage their children to stay connected with their friends and community in safe ways. Within limits, phone or video calls, texting, and social media can all be good ways to keep in touch (American Academy of Pediatrics).

From birthday parties to school dances, youth may also be feeling a sense of grief or loss over missed events. Some adolescents may have lost their afterschool jobs and, even though it’s through no fault of their own, this can lead to feelings of failure and frustration. Encourage parents to work at maintaining open and honest
communication and to watch for signs of depression or worsening symptoms if depression was a concern prior to
the pandemic (CDC). Signs parents should look for include the following:

- Changes in eating or sleeping patterns
- Difficulty concentrating or focusing
- Complaints of physical ailments that don’t get better or don’t have a clear cause
- Irritability or restlessness
- Sudden drop in grades
- Withdrawal from family and friends (WebMD)

Stress to parents the importance of seeking help for their child if they notice the above changes or other changes
that may signal depression.

Help with at-home learning

Adjusting to at-home learning can be extremely difficult for children. Share the following tips with parents about
how to make the best of the school year while learning from home:

- Establish a daily routine. Set a time to get up and go to bed each day. Plan break and lunch times and make
  sure cell phones are off during class time and while doing homework.
- Allow transition time. Not having a physical difference between where a child learns and the place he/she
  lives can be stressful. Having a transition period, like the evening meal, can help children change gears and
  move from the school day into the rest of the day (American Academy of Pediatrics).

Help for parents

Parents themselves may be struggling with uneasiness and social isolation and adjusting to taking a more active
role in their child’s school day. Encourage parents to find time for themselves and to practice self-care. Remind
them that what benefits them helps them be at their best for their children.

Sources:

- American Academy of Pediatrics, “Teens & COVID-19: Challenges and Opportunities during the Outbreak,” June 5,
- Minnesota Department of Health (MDH), “Tips and Resources for Children and Parents during COVID-19,” September 8,
  depression#1.

March is National Colorectal Cancer Awareness Month

Andra Anderson, RN, Care Coordinator

March is National Colorectal Cancer Awareness Month, which means it’s a good time to talk to members about
the importance of screening for colorectal cancer. Share with members that colorectal cancer is serious—in the
United States, colorectal cancer is the second leading cause of death from cancers that affect both men and women
(CDC). Also, let members know that screening can detect and prevent cancer by finding polyps before they
become cancerous and by catching cancer in its early stages (ACS).

Encourage members to talk with their health care providers about when they should start getting screened. A
general recommendation is that most people—men and women—should start getting regular screenings at age
50 (CDC). Please also encourage members to continue getting preventive care, like colorectal cancer screenings,
during the COVID-19 pandemic. Let them know that safeguards have been put in place to help ensure safety, and
encourage them to talk with their primary care provider if they have concerns about seeking preventive care due
to COVID-19.
You can find current and past issues of PrimePartners at www.primewest.org/primepartners.

Important Dates

✓ County supervisor meetings

Meetings are held the third Thursday of the month, and will take place remotely until further notice. Watch your emails for additional information.

• February 18
• March 18
• April 15
• May 20
• June 17

✓ County case management winter webinar

• February 25, 1 – 3 p.m.

Sources: