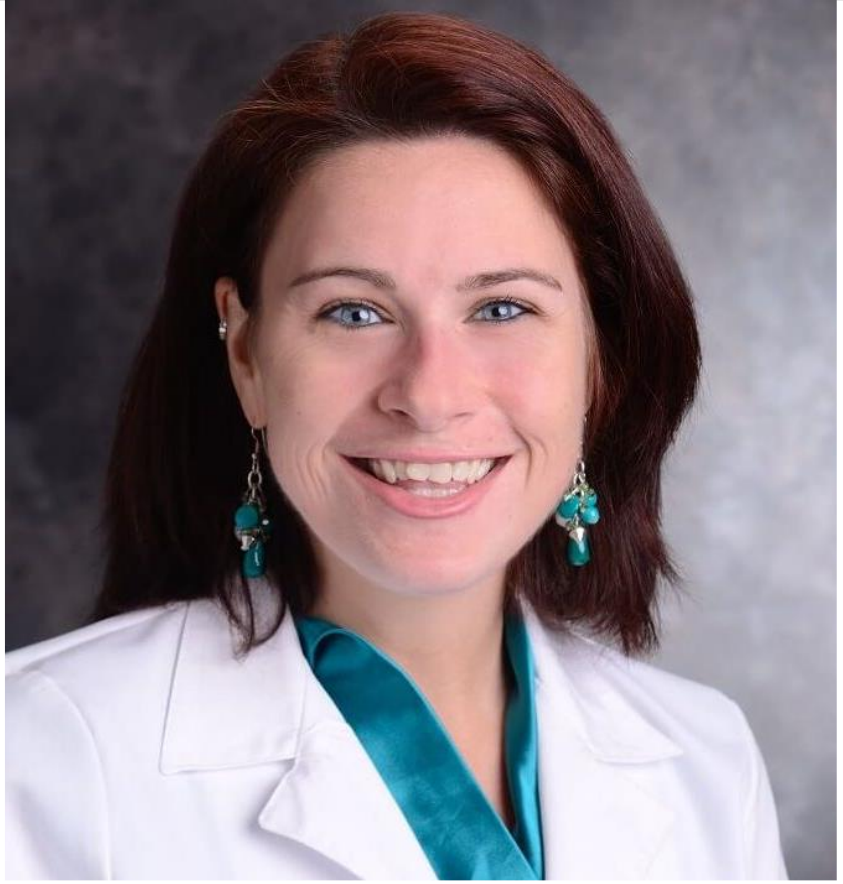
Buckle Your Seatbelts:
Navigating the Path to the 2021-22 School Year

November 19, 2020


Fabrizio Perri, Dr. Katie Passaretti, and Dr. Dave Cosenza



John Gulla, Debra Wilson, Ari Betof

Housekeeping

- We are recording this session and a link will be sent to all who registered tomorrow.
- Yes, we will make slides available, although be aware that information changes with alarming speed
- Please use the Q&A to submit questions and review the questions that came before. You can up-vote questions to help us sort them

Trying to Plan for the Year Ahead

- There are still challenges ahead for this year, not the least of which is pandemic fatigue and the current spike. Pace yourself.
- Listen for key trends and think about how they are materializing in your region or immediate area
- What are the key decision or action points in your year and where can you find flexibility?
- What are your families experiencing as these trends occur?
- What about your staff?
- What are their needs and vulnerabilities?
- What do you need to start communicating with your board, staff, or families now to prepare them for any variations to come?

Don’t forget to join us on December 3rd for Part II!

John Gulla

EE Ford Foundation

Buckle Your Seatbelts!:

Navigating the Path to 2020-2021

"Plans Are Worthless, But Planning Is Everything"

—Dwight D. Eisenhower

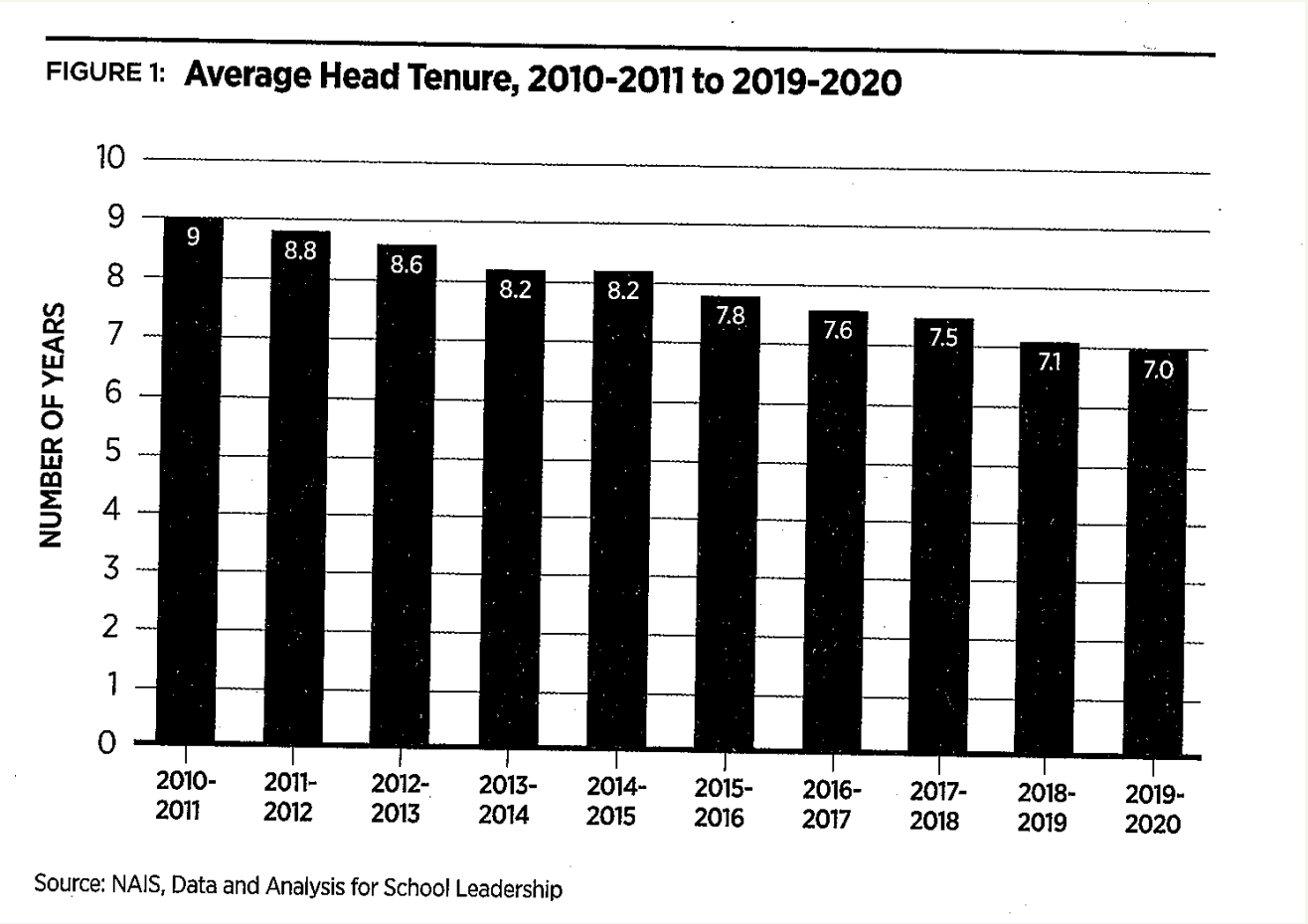
"Give me six hours to chop down a tree and I will spend the first four sharpening the axe."

—Abraham Lincoln

Buckle Your Seatbelts!:

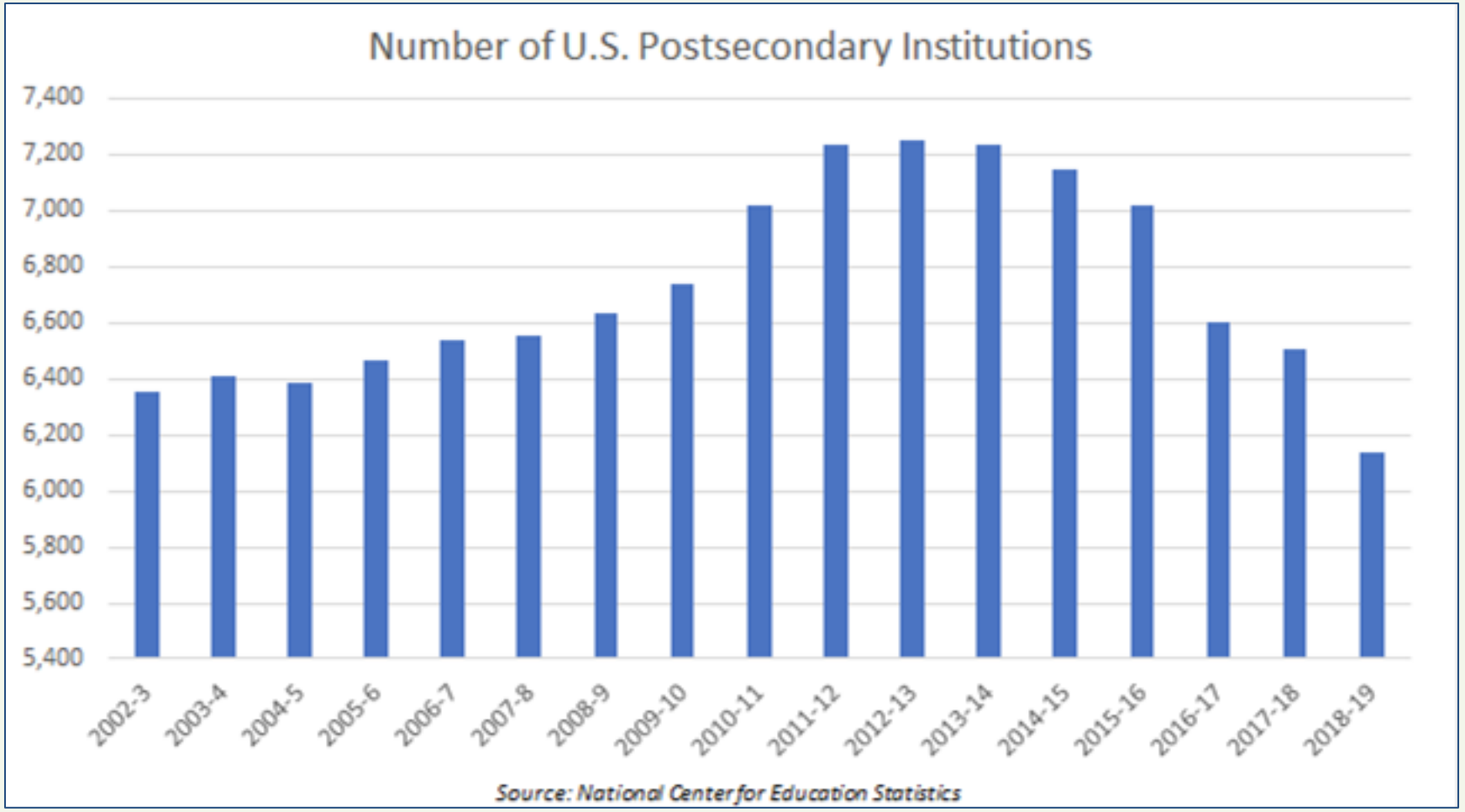
Navigating the Path to 2020-2021

NAIS 2020 - 21 Trend Report



Buckle Your Seatbelts!:

Navigating the Path to 2020-2021



Source: National Center for Education Statistics

Ripped From the Headlines

1. NBOA - About ⅓ of schools are drawing down cash reserves

2. NAIS - Financial Aid for 2020-21:

   ~25% increased by <3%

   ~25% increased by 3-5%

   ~25% increased by 6-10%

   ~10% increased by >10%

1. Various sources:

   40% of private schools claim to be fully enrolled in 2020-21

   57% have decreased enrollment in 2020-21 (ave. ~ 6% loss)

   >50% anticipate a deficit

Buckle Your Seatbelts!:

Navigating the Path to 2020-2021

Three primary levers for independent school finances:

1. What do we charge?

1. What do we pay?

1. What is the FTE headcount: student ratio

Buckle Your Seatbelts!:

Navigating the Path to 2020-2021

https://www.youtube.com/watch?v=yY-P3D63Z18

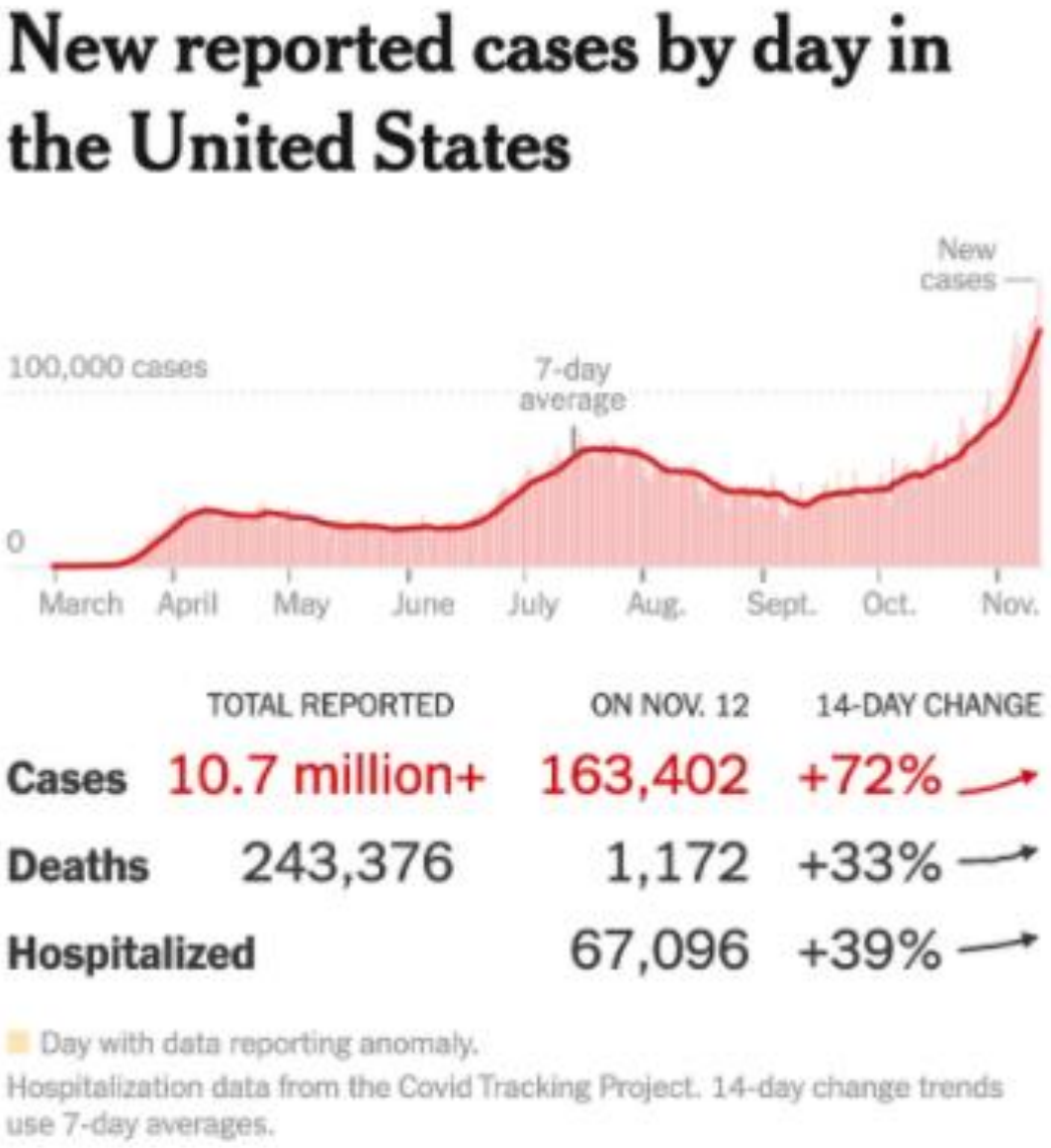
"Punctuated equilibrium"

—Stephen Jay Gould

COVID-19 Update

Dr. Katie Passaretti
Medical Director Infection Prevention Atrium Health

COVID-19 in the United States



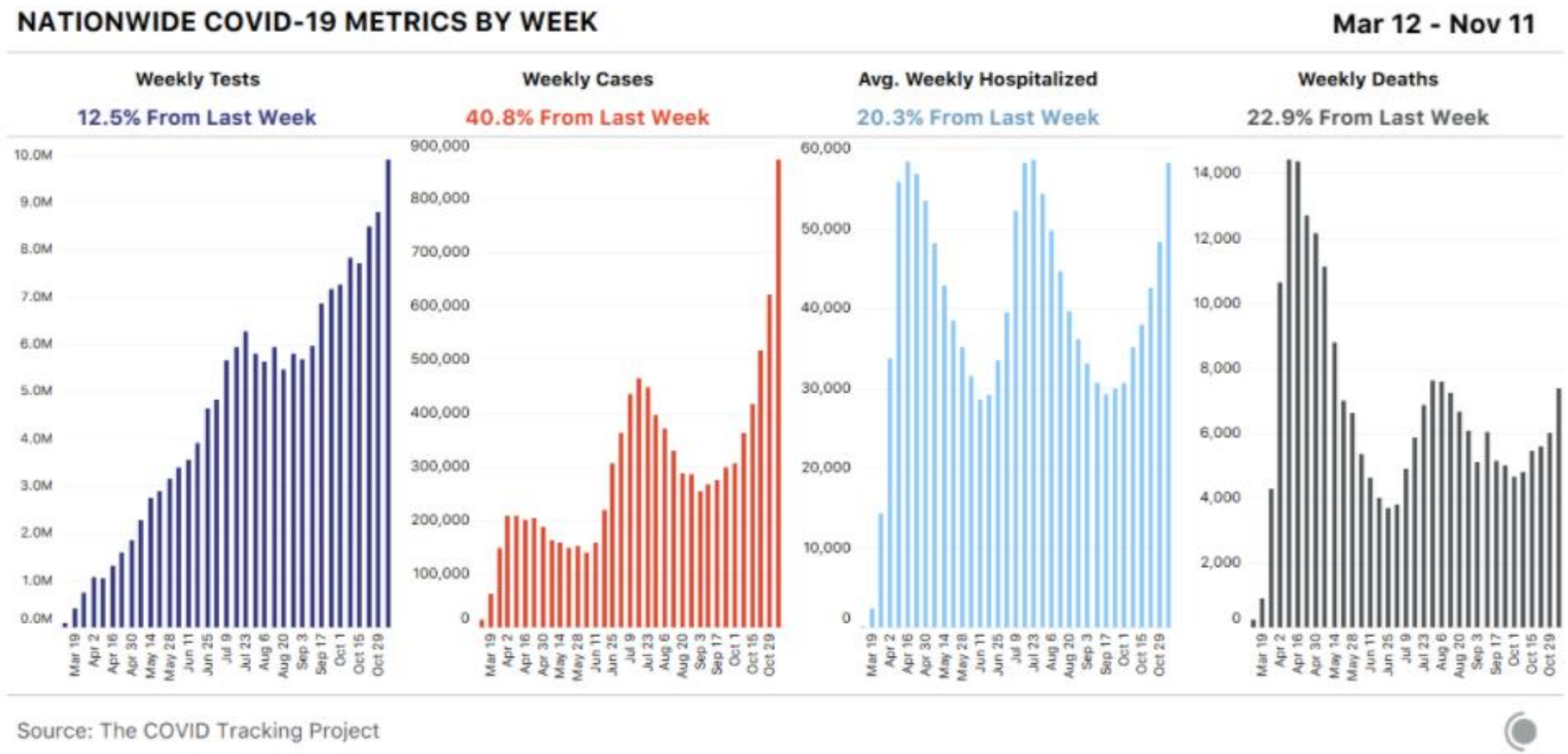
>180,000 new cases in a single day 11/13

8 days prior was the first time US had > 100,000 cases

New York Times

Atrium Health

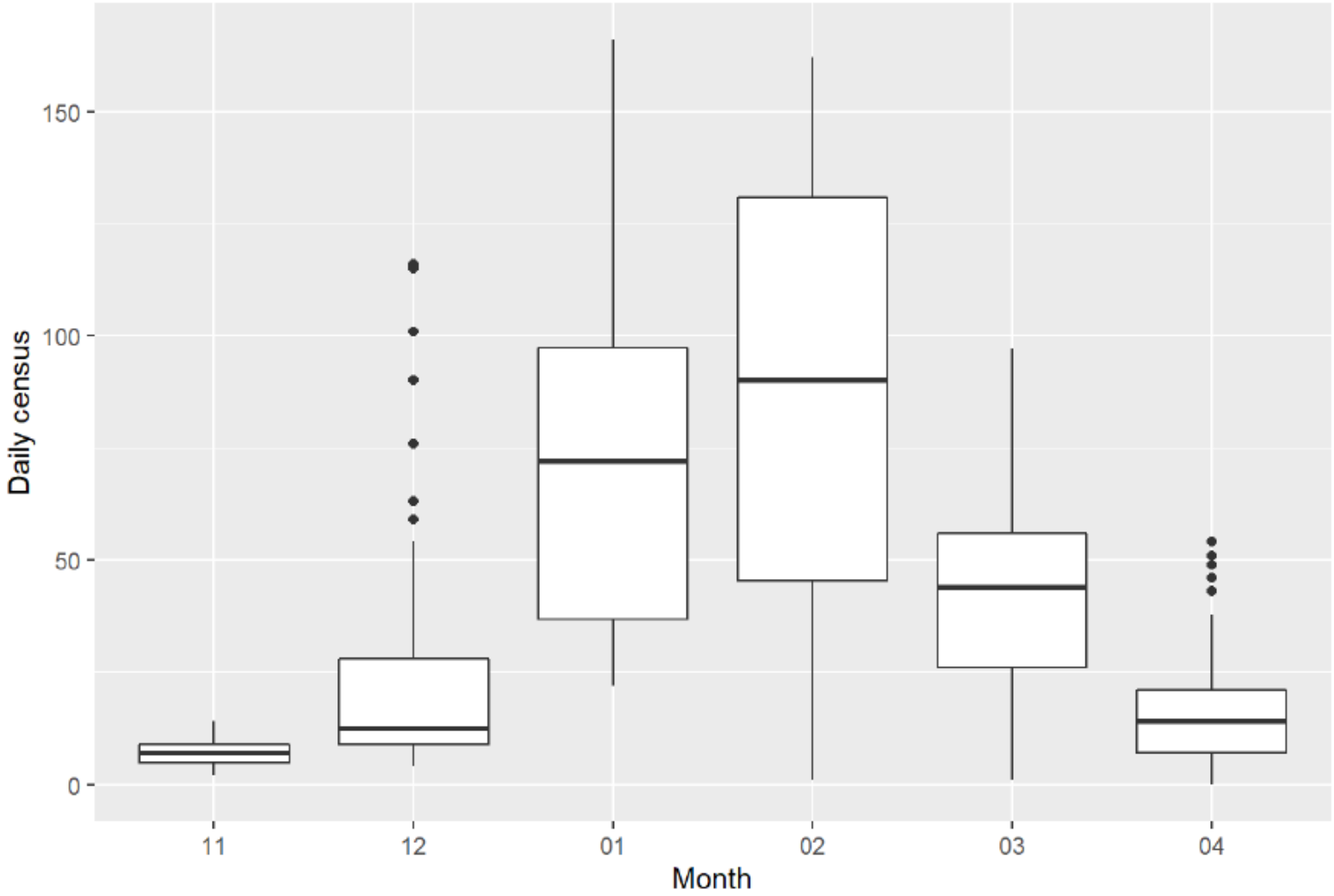
United States COVID-19 Trends



Data compiled at Covidtracking.com

Atrium Health

Influenza Hospital Volumes by Month 2016-2020 for 11 Charlotte Area hospitals

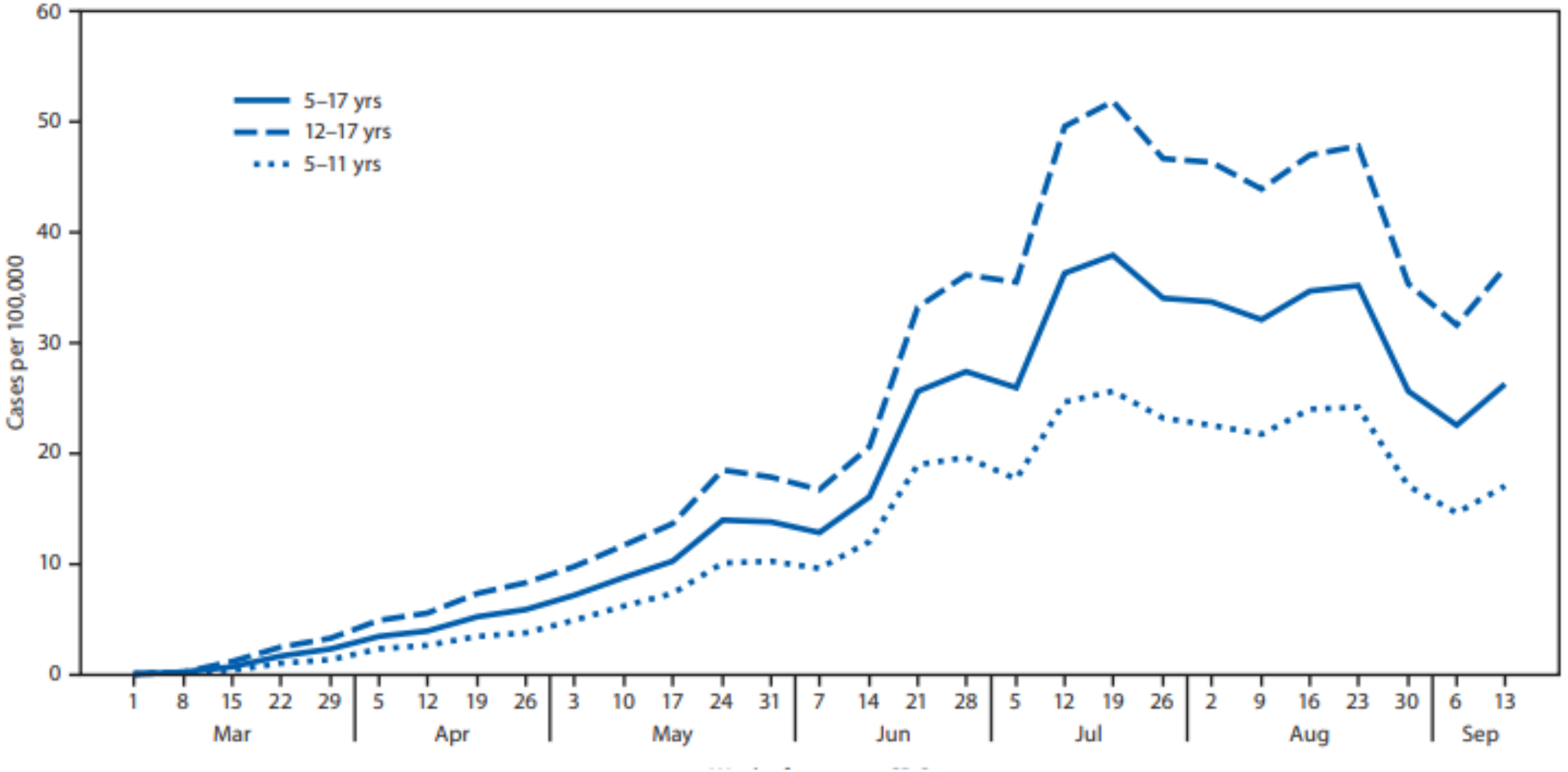


Data courtesy of Phil Turk, Atrium Health

Atrium Health

COVID-19 in School-Aged Children in the United States

FIGURE 1. COVID-19 incidence* among school-aged children aged 5–11 years (N = 101,503) and 12–17 years (N = 175,782), by week — United States, March 1–September 19, 2020†



- Incidence peaked July 19, decreased September 6 and rebounded
- Incidence in adolescents approximately double that among younger children

Atrium Health

Epidemiology of COVID-19 in Children: March vs November 2020

	March 2020	July 2020	November 2020
Global	1% of cases	? 3-4% of cases	8.5% of reported cases
United States (< 18 y= 22% of population)	2% of cases	7% of cases	9% of cases Mortality 0.03-0.05% 3.6-14.6% of tests are positive ~ 600,000 cases reported 121 deaths (out of ~225,000)
North Carolina (< 18 y= 22% of population)	1% of cases	11% of cases	11% of cases 1 death
Atrium Health (<18 y= 23% of population)	1% of cases 2% of tests positive	11% of cases 13% of tests positive	14% of cases 3787 cases, ~115 hospitalized 9% of tests positive

Record increase in number of cases in 1 week (Oct 29)- 61,447

- **853,635 cases (Oct 29) = 1,134/100,000**
- **0.5-6.7% cases are hospitalized**

Atrium Health

COVID-19 in School-Aged Children in the United States

TABLE. Demographic characteristics and underlying conditions among school-aged children aged 5–11 years and 12–17 years* with positive test results for SARS-CoV-2 (N = 233,474) — United States, March 1–September 19, 2020

Characteristic	Age group, no. (%)		
	All (N = 277,285)	5–11 yrs (n = 101,503)	12–17 yrs (n = 175,782)
Sex†			
Female	140,755 (50.8)	50,096 (49.4)	90,659 (51.6)
Male	136,530 (49.2)	51,407 (50.6)	85,123 (48.4)
Median age, yrs	13	8	15
Symptom status			
Yes	161,751 (58.3)	56,917 (56.1)	104,834 (59.6)
No	12,806 (4.6)	5,985 (5.9)	6,821 (3.9)
Missing/Unknown	102,728 (37.0)	38,601 (38.0)	64,127 (36.5)
Race/Ethnicity§			
Hispanic/Latino	67,275 (41.7)	27,539 (45.9)	39,736 (39.2)
White, non-Hispanic	52,229 (32.4)	15,503 (25.8)	36,726 (36.2)
Black, non-Hispanic	27,963 (17.3)	11,315 (18.8)	16,648 (16.4)
A/PI, non-Hispanic	4,541 (2.8)	1,932 (3.2)	2,609 (2.6)
AI/AN, non-Hispanic	3,044 (1.9)	1,342 (2.2)	1,702 (1.7)
Multiracial/Other race	6,335 (3.9)	2,421 (4.0)	3,914 (3.9)
Unknown¶	115,898 (N/A)	41,451 (N/A)	74,447 (N/A)

MMWR 2020; 69: 1410-1415

Atrium Health

COVID Hospitalizations and Deaths Peds vs 18-29 year olds

	Hospitalization[1]	Death[2]
0-4 years	4x lower	9x lower
5-17 years	9x lower	16x lower
18-29 years	Comparison Group	Comparison Group
30-39 years	2x higher	4x higher
40-49 years	3x higher	10x higher
50-64 years	4x higher	30x higher
65-74 years	5x higher	90x higher
75-84 years	8x higher	220x higher
85+ years	13x higher	630x higher

Atrium Health

Hospitalized School-Aged Children with COVID-19

- Overall 3240 (1.2%) school –aged children with COVID-19 were hospitalized
  - 0.1% required ICU admission
  - < 0.01% died

- Among hospitalized
  - Hispanic ethnicity-43%
  - Black-24%
  - White-22%

- Among those with underlying conditions (2.8% total)
  - Chronic lung disease-55%
  - Disability-9%

American Academy of Pediatrics; CDC

Atrium Health

What Have We Learned About COVID-19

- Potential for aerosol transmission
  - Contribute to some “superspreader” events
  - No masks
  - Small space with many people
  - Poor ventilation
- Updated definition of close contact
  - 15 minutes over course of 24 hours
- Reinfection possible

Transmission of SARS-CoV-2 in Households

- 101 households with 101 index patients and 191 household contacts
  - Median age of index patient 32 y
  - 14 (14%) were < 18 y

- Index patient ill < 7 days
  - Contacts followed ≥ 7 days
    - 102 nasal or saliva swabs positive by PCR (53%)

- Excluding contacts with positive results at enrollment, 35% secondary infection rate

- Secondary infection rate from index patients < 12 y was 57%

TABLE 2. Rates of secondary laboratory-confirmed SARS-CoV-2 infections among household members enrolled in a prospective study of SARS-CoV-2 household transmission — Tennessee and Wisconsin, April–September 2020

Characteristic	Laboratory-confirmed SARS-CoV-2 infections/ Household members at risk	Secondary infection rate % (95% CI)*
All household members	102/191	53 (46–60)
Nasal swab–positive tests only	89/191	47 (40–54)
RT-PCR–negative at enrollment	48/137	35 (28–43)
Index patient age group, yrs		
<12	9/17	53 (31–74)
12–17	11/29	38 (23–56)
18–49	64/116	55 (46–64)
≥50	18/29	62 (44–77)
Index patient sex		
Female	66/108	61 (52–70)
Male	36/83	43 (33–54)
Index patient race/ethnicity		
White, non-Hispanic	71/139	51 (43–59)
Other race, non-Hispanic	9/17	53 (31–74)
Hispanic or Latino	22/35	63 (46–77)
Household member age group, yrs		
<12	18/32	57 (39–72)
12–17	14/30	47 (30–64)
18–49	54/92	59 (48–68)
≥50	16/37	43 (29–59)

MMWR 2020: 69: 1631-1634

Atrium Health

Transmission of SARS-CoV-2 in Households

- Transmission among household members was common
  - 75% of infections identified within 5 d of index patient's illness onset
  - Fewer than half of the contacts with secondary infection reported symptoms

- Isolation should begin immediately after onset of symptoms in index case, before seeking testing and before test results become available
  - Concurrently, household members should start wearing a mask in the home, especially in common areas

MMWR 2020; 69: 1631-1634

Atrium Health

Expansion of Testing Options for SARS-CoV-2

- PCR
  - Gold Standard
  - Turn Around Time- 24-72 hours depending on where you are going
  - Fewest false negatives
- POC Molecular
  - Abbott ID NOW most accessible
  - Sensitivity best if used within 7 days symptom onset in symptomatic individuals
  - Needs f/up PCR if high clinical suspicion for infection and initial test negative
- Antigen Testing
  - Quidel Sofia, BinaxNOW, BD Veritor
  - False positive and false negatives common
    - ~20% false negative
    - False positives vary depending in pretest probability
  - Confirmatory PCR rec if asymptomatic positive OR symptomatic Negative

- Future ? New, easier, cheaper testing; Saliva testing; Home testing???

Atrium Health

Biggest Risk: COVID Fatigue

COVID Fatigue	Interventions
PPE Discomfort/Access	Emotional Support
Burnout	Address Gaps
Contradictory Messaging	Communication
Behaviors Outside of Work	Accountability

Atrium Health

Ideal COVID-19 Vaccine

- Effective after 1 or 2 vaccinations
- Lasting immunity of 6 months or longer
- Offer protection for high-risk groups – elderly, immunocompromised
- Reduce transmission of virus to contacts
- Readily available
- Low side-effect profile

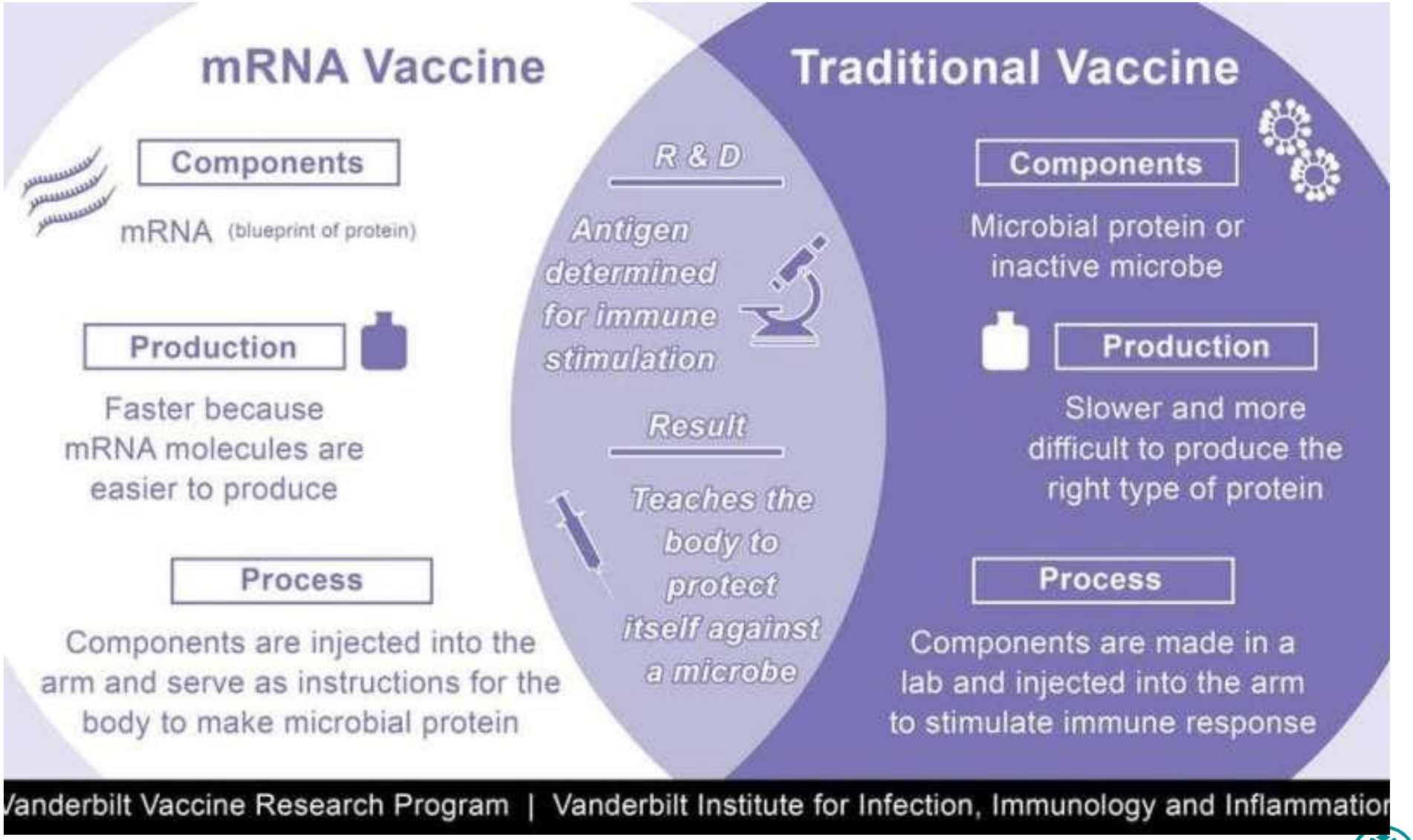
135 COVID Vaccines in Various Stages of Development

Selected COVID-19 Vaccine Candidates

Platform	Developer	Phase 1/2	Phase 2/3
Nucleic acid	moderna	Enrolled	Ongoing
	BIONTECH Pfizer	Enrolled	Ongoing
Viral vector	UNIVERSITY OF OXFORD AstraZeneca	Enrolled	Ongoing
	Janssen Johnson & Johnson	Enrolled	Ongoing
	MERCK	Ongoing	--
Protein subunit	NOVAVAX Creating Tomorrow's Vaccines Today	Ongoing	Ongoing
	gsk SANOFI	Ongoing	--

Atrium Health

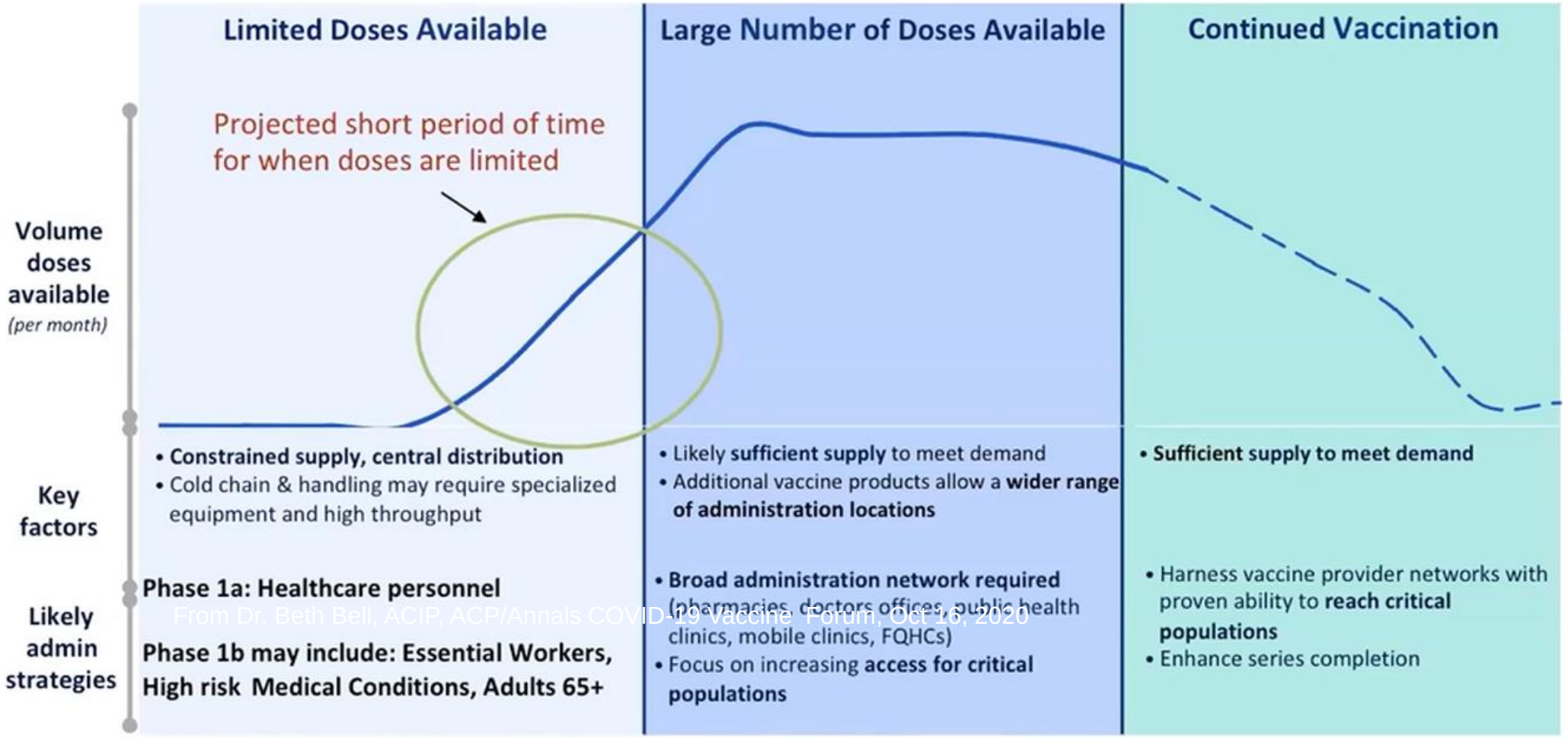
mRNA Vaccine Basics



Atrium Health

COVID-19 Vaccine Distribution Phases

Administration of COVID-19 vaccine will require a phased approach



From Dr. Beth Bell, ACIP, ACP/Annals COVID-19 Vaccine Forum, Oct 16, 2020

Atrium Health

Vaccine Prioritizations

August ACIP meeting

Phase 1a:

-HCP

Phase 1b:

-Essential Workers

-High Risk Med Conditions

-Adults ≥ 65 years old

September ACIP meeting

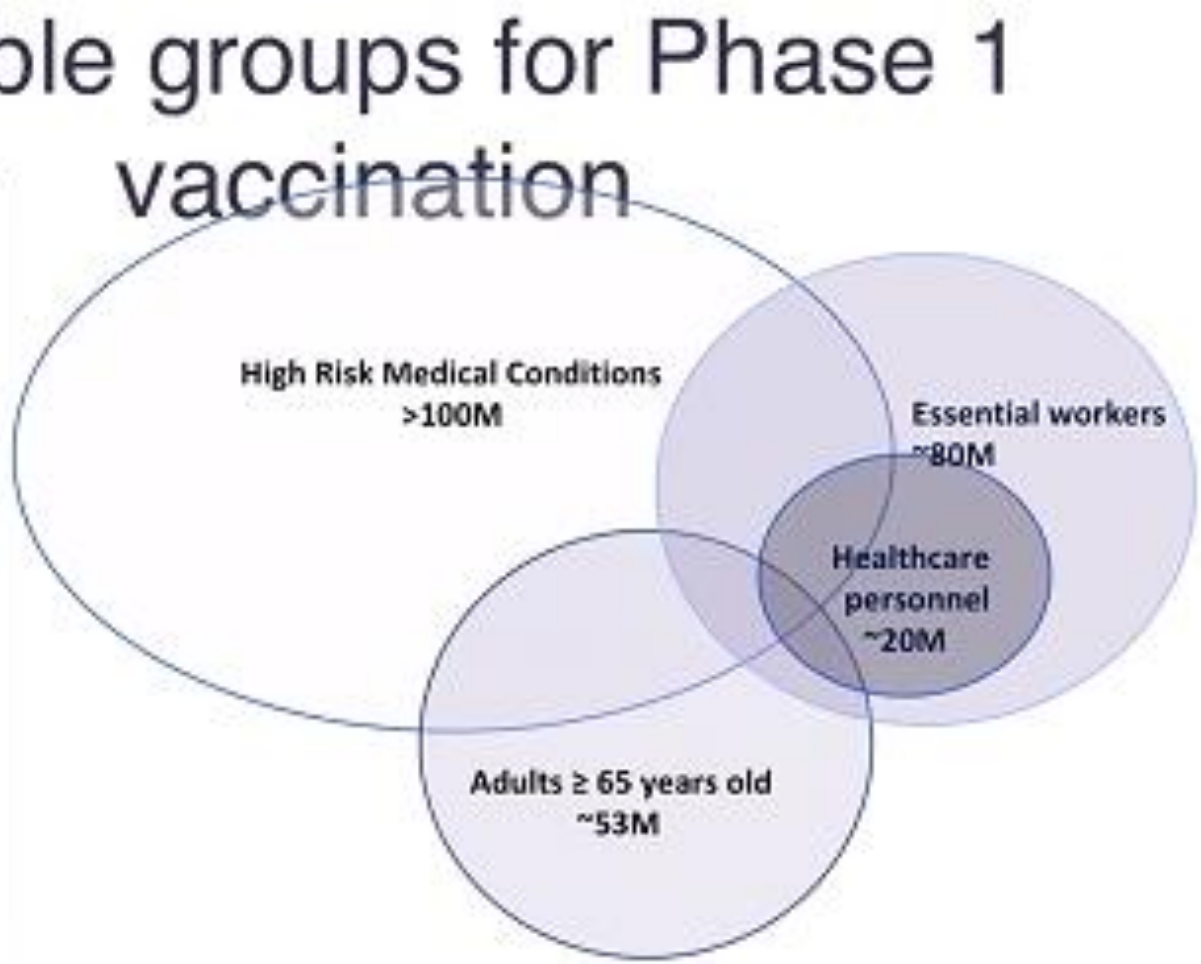
-Explored groups for phase 1b

  -risk for COVID-19

  -overlap between groups

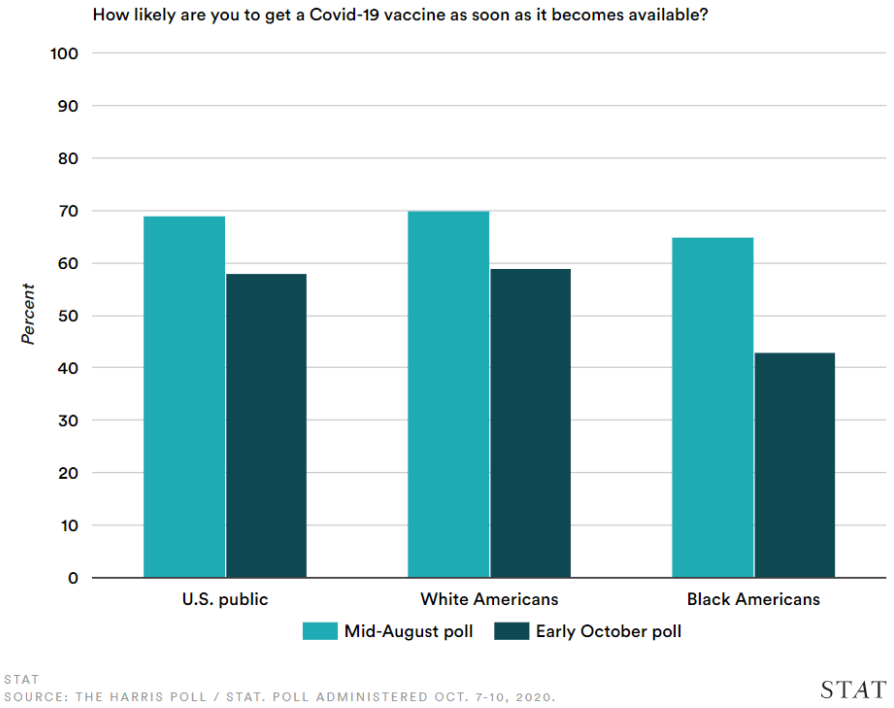
  -racial and ethnic composition

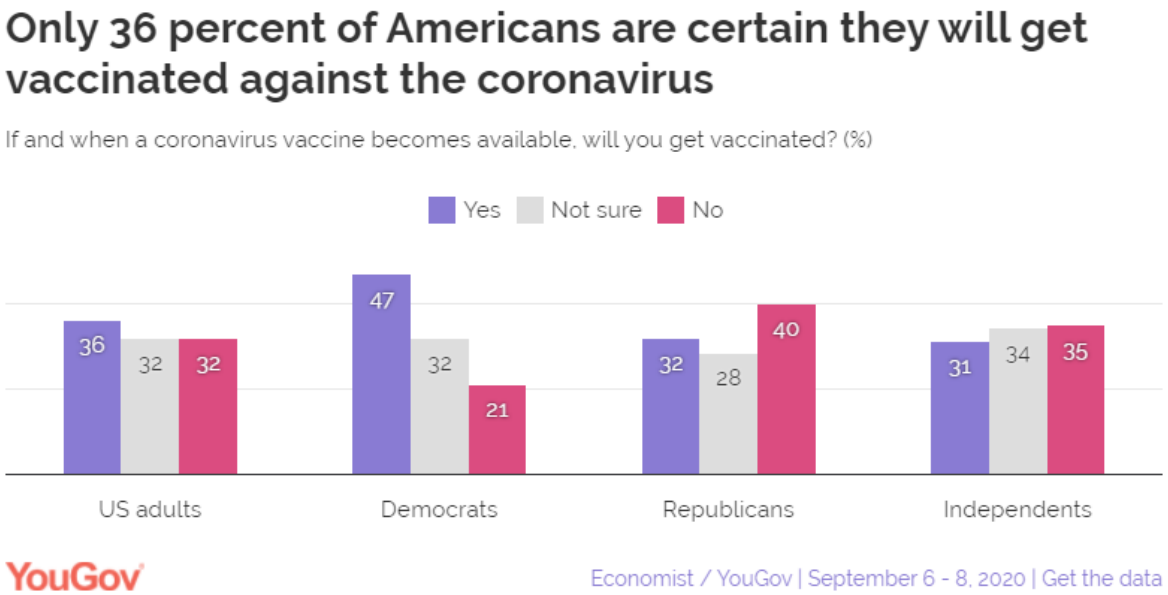
-Summary of Work Group considerations



COVID-19 Vaccine Hesitancy

- Significant and growing vaccine hesitancy from many groups





- Willingness to get vaccine as soon as released from NC-specific data:
  - 21-23% of all NC
  - 13-18% of Female North Carolinians
  - 7-9% of Black North Carolinians

Atrium Health

COVID-19 Vaccine Hesitancy

- Many willing to get vaccine *eventually*
- Concerns
  - Safety
  - Short AND long term side effects
  - Efficacy
  - Adequate trial data for their demographic (age, race, etc)
  - Rapid development process concerns
  - Politicization of vaccine

Atrium Health

Questions?

2021 Planning Considerations Amidst COVID-19

NOVEMBER 19, 2020

DAVID COSENZA, MD
Specialty Medical Director, Employer Solutions & On-Demand Telemedicine

KATIE PASSARETTI, MD
Medical Director, Infection Prevention

EMPLOYER SOLUTIONS

Atrium Health

2021 premium changes

According to the Kaiser Family Foundation, premium rate changes on the Affordable Care Act (ACA) exchanges will be moderate, with most falling between a 3.5% decrease and 4.6% increase.

Increasing healthcare costs and morbidity

Many insurers expect to see an increase in healthcare costs next year due to:

- Pent-up demand following deferred care
  - Preventive care
  - Disease specific care
- Direct costs related to COVID-19 testing and treatment
- Vaccination costs (assuming a vaccine will be ready and available to the general public next year)

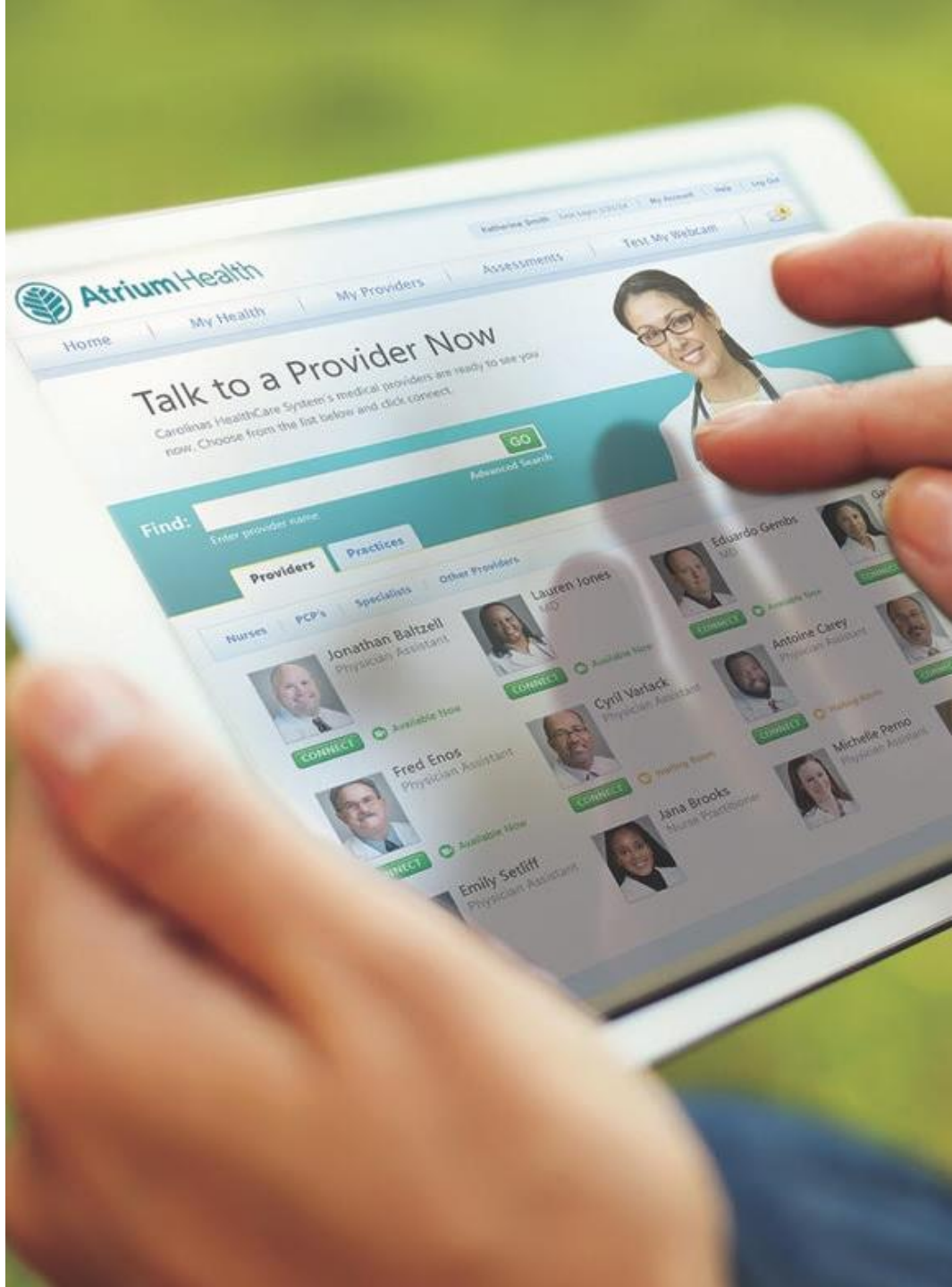
Some insurers also anticipate increased morbidity resulting from:

- Deferred care and its impact on chronic conditions
- The impact of the economic downturn on individuals' health and insurance status

Telehealth/virtual services

During the public health emergency, most insurers expanded coverage and/or payments for virtually-delivered healthcare services

- This coverage is currently temporary, and expected to end this year
- Many are evaluating whether to extend coverage, with some possibly making permanent policy changes
- Self-funded employers often have the discretion to determine whether virtually-delivered health services are covered for their own employees and families
- This may provide an opportunity to consider school-based telemedicine programs since payment and coverage parity makes it easier for healthcare systems/providers to deliver this care



Possible financial burdens

Out-of-pocket costs:

- Patients currently have little to no out-of-pocket cost for COVID-19 testing because of the public health emergency declaration
- If that's no longer in effect, it would be expected that COVID-19 testing would result in similar cost to patients as other testing such as flu, strep, etc.

Loss of health insurance:

- Students may lose health insurance if parents/guardians have a change in employment status
- Schools should be ready to connect those students and families with resources to obtain insurance through state/federal programs

EMPLOYER SOLUTIONS

Thank you.

Atrium Health

Don’t forget to join us on December 3rd for Part II!