

## **Justifications for FEMA Eligibility for MDCalc Connect COVID-19 Toolkit**

Hospitals are seeking FEMA reimbursement for the MDCalc Connect (“MDCC”) COVID-19 Toolkit Plus Software as a Service (“SaaS”) platform as a necessary tool to protect public health and safety throughout the continuing COVID-19 crisis. MDCalc’s unique SaaS product reduces the time needed to diagnose patients and develop treatment plans, thereby increasing hospital capacity during this pandemic emergency.

### **1. Does the timing still qualify as an “emergency exception”?**

Yes. The COVID-19 pandemic is still an emergent disease with complex symptom presentations and risk factors. With the emergency still unfolding, countermeasures are already exhausting essential healthcare resources required to treat patients and keep communities safe. COVID-19 cases continue to propagate at an uncontrolled rate nationwide, with hotspots jumping from city to city. While the availability of vaccinations are starting to curb rates, overall rates remain high with significant morbidity and mortality that will not end anytime soon, as we are far from herd immunity, neither here in the US nor as a global community.

### **2. Does MDCC COVID-19 Toolkit Plus qualify as an “Emergency Protective Measure”?**

Yes. Information technology systems, including software, are considered medical equipment eligible for FEMA’s Public Assistance Program if the software is used for eligible emergency protective measures (“EPM”). Per FEMA guidance, EPMs “conducted before, during, and after an incident are eligible if the measures eliminate or lessen immediate threats to lives, public health, or safety...” Medical care is considered an EPM.<sup>1</sup> According to FEMA published specific COVID-19 guidance, FEMA provides the following medical care activities and associated costs as eligible: “The following medical care activities and associated costs are eligible in primary medical care facilities:

- a. Emergency and inpatient clinical care for COVID-19 patients, including, but not limited to:
  - i. Emergency medical transport related to COVID-19;
  - ii. Triage and medically necessary tests and diagnosis related to COVID-19 patients;
  - iii. Necessary medical treatment of COVID-19 patients; and
  - iv. Prescription costs related to COVID-19 treatment.”<sup>2</sup>

Use of the MDCC COVID-19 Toolkit Plus SaaS platform and its COVID-specific clinical decision support (“CDS”) tools contributes to and enhances medical diagnoses, improves the delivery of emergency/critical care, and helps allocate scarce medical resources during the declared disaster. Therefore, the software’s use supports EPMs - in this case, life-saving medical care.

### **3. How does MDCC’s CDS/medical calculators contribute to COVID medical care?**

<sup>1</sup> [https://www.fema.gov/sites/default/files/2020-06/fema\\_public-assistance-program-and-policy\\_guide\\_v4\\_6-1-2020.pdf](https://www.fema.gov/sites/default/files/2020-06/fema_public-assistance-program-and-policy_guide_v4_6-1-2020.pdf) (page 110, section IIA)

<sup>2</sup> [https://www.fema.gov/sites/default/files/2020-06/PA\\_Medical\\_Care\\_Policy\\_for\\_COVID-19\\_508.pdf](https://www.fema.gov/sites/default/files/2020-06/PA_Medical_Care_Policy_for_COVID-19_508.pdf)

CDS tools help clinicians most when either the disease has a large practice variability or when clinicians don't have enough experience seeing patients with the disease to develop a strong "gestalt" (a sense for the best way to treat based on experience). With a novel disease such as COVID-19, we have both, meaning there's a significant need for CDS to help inform critical decisions across all aspects of COVID medical care: whether or not to admit, when to transfer to ICU care, when to start medical interventions (e.g. intubation), etc.

While healthcare workers have tried their best to manage an unknown disease at the beginning of this crisis, enough high-quality clinical decision support tools have been published in the past months that evidence-based decision-making is now possible. These tools help clinicians make better and more appropriate decisions about COVID medical care, improving the quality of care and reducing morbidity and mortality. MDCalc's COVID Toolkit summarizes the clinical tools that have met the appropriate thresholds of validation and can be properly used at the point-of care.

Furthermore, MDCC is a novel EHR-integrated version of the most clinically useful and validated medical calculators. As an EHR integration, those tools can be rapidly accessed and are available to doctors in real-time when making diagnoses and treatment plans at the bedside. Published studies have shown the EHR-integrated version calculates scores more accurately and reliably than a doctor calculating on their own.<sup>3</sup>

#### **4. Does the hospital qualify for FEMA assistance?**

Yes. During COVID-19, eligible applicants include government entities and Private Non Profit (PNP) organizations that own and/or operate medical facilities.<sup>4</sup>

**5. Is MDCC COVID-19 Toolkit Plus an established and unique product?** Yes. MDCalc is the established gold standard for CDS tools. It is a 15-year old medical reference, synonymous with medical calculators, and household name among physicians and healthcare workers around the world. In the US, 65% of *all* physicians use MDCalc on a regular basis – making it the most broadly used medical reference by doctors.

Created in response to the unique COVID situation and need for CDS, the COVID-19 Toolkit Plus is new to the MDCalc platform. As such, it is a unique SaaS EHR integration that is not available from any other source. The SaaS EHR integrated product, developed using SMART on FHIR standards, has advanced autofill and documentation to the chart features that have been shown in the literature to improve the accuracy of clinical scores when compared with the existing gold standard. Furthermore, the COVID-19 Toolkit Plus is continually updated with the most recent and up to date COVID-related medical calculators, as more is learned about this deadly disease.

<sup>3</sup> Abedin Z, Hoerner R, Habboushe J, et al. Implementation of a Fast Healthcare Interoperability Resources-Based Clinical Decision Support Tool for Calculating CHADS-VASc Scores. *Circ Cardiovasc Qual Outcomes.* 2020;13(2):e006286.

<sup>4</sup> [https://www.fema.gov/sites/default/files/2020-06/PA\\_Medical\\_Care\\_Policy\\_for\\_COVID-19\\_508.pdf](https://www.fema.gov/sites/default/files/2020-06/PA_Medical_Care_Policy_for_COVID-19_508.pdf)

## **6. Is the timing of the hospital's purchase proper?**

Yes. COVID-19 is a new disease borne of a novel virus and turning into a slowly-evolving mass casualty incident. Evolving disasters that do not end quickly often require innovation based on early solutions that are uniquely created. In novel disease pandemics, efficacious treatments only become known over time as the disease becomes better understood through treating early patients and as new studies are published and become widely available.

Only since the late Fall and Winter have COVID-specific tools been studied enough to be validated and ready for primetime use – and therefore only recently has this toolkit become as valuable as it can be. This will continue as new information is understood and more studies on COVID-19 patients are completed. The MDCC SaaS product continues to evolve and improve in response to changing healthcare needs and new research. For example, recent updates include new COVID specific CDS that help risk stratify and diagnose COVID severity, and indicate proper treatment options. This includes the [VACO Index](#) which was published in collaboration with the Assistant Secretary of Preparedness and Response, the CDC, NIH, VA, and national pandemic response.

## **7. Is the cost of the product appropriate?**

Yes. The MDCC SaaS product helps patients, contributes to and enhances diagnoses, improves the delivery of emergency/critical care, and helps direct appropriate scarce resource allocation (reducing hospital costs). Compared to other SaaS software, such as UpToDate, MDCC is priced within the appropriate range.

MDCC will not only improve the quality of care and reduce mortality, but it will also reduce unnecessary ICU admissions and intubations, reserving these critical resources for the patients who most need them. Such appropriate allocation of resources could save both the hospital and FEMA much more on costly expenses, such as building out new ICUs and purchasing additional ventilators and other equipment.

Dispositioning patients to the proper level of care is extremely important in improving their quality of care. Simultaneously, it reserves the scarce resource of higher level care for those who will benefit from it and therefore reduces cost. For example, avoiding just one unnecessary admission to the hospital could save over \$15,000, and just one unnecessary admission to the ICU could save close to \$100,000, and avoids exposing these patients to unnecessary adverse events associated with hospital admissions such as hospital acquired infection and blood clots. On the other hand, improperly sending sicker patients home can increase morbidity and mortality, and often further cost due to avoidable and unnecessary morbidity and sequelae.

## **8. Does the product meet the other FEMA requirements?**

Yes. The MDCC SaaS product is priced as a one-time purchase for the COVID-19 Toolkit Plus through the end of 2022.

**9. Aren't we at the tailend of COVID-19? Isn't it late to implement such software? Now is the right time to take what we learned to make the best medical decisions possible.** First,

MDCC's COVID-19 Toolkit is ever-evolving, and only recently began to include clinical decision tools that were actually derived and validated *in COVID-19 patients*. Every month we edit and add more tools, as more is learned about COVID-19 through clinical studies. MDCC allows the hospital to directly and immediately apply such knowledge to patients at the bedside.

**10. Is FEMA the only source of funding?**

No. There are several other state and federal grant programs that may be available for reimbursement to you for funding. CARES funding may also be available to reimburse your cost in full for the product. MDCC is dedicated to assisting hospitals access federal funding for reimbursement.

**11. What portion of cost may be covered by FEMA?**

100%. Traditionally FEMA covers 75% of eligible costs. However through a February declaration, President Biden has increased the share of costs to 100%, so long as it is purchased and put into place during the eligibility period which is now set to expire in September 2021.