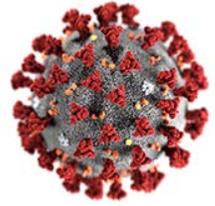




# COVID-19 Statewide Hospital Huddle Summary Tuesday, May 19, 2020



Chad Austin welcomed the participants and expressed his appreciation for their time and the feedback received on activities currently occurring in communities. He reminded them to continue to share how KHA can help them further.

## **COVID-19 Preparedness and Response Update** - Ron Marshall

Daily Status, Future Predictions – Kansas currently has 8340 confirmed cases and 740 hospitalizations. 173 Kansans have died due to COVID-19 and 85% of those deaths are in people over 65 years of age. The deaths and hospitalizations are in a downward trend, which is good news. There are 85 confirmed outbreaks, which are 48% of the total cases in Kansas and 73% of the total deaths in Kansas. See the [KDHE Latest Public Update](#) for more information.

Data Reporting (NHSN, EMResource, TeleTracking) – Dr. Lee Norman asked KHA to work with the KDHE team to make sure they have actionable and valid data for surge planning and resource allocations. We are working to coordinate and streamline the data collection process so hospitals do not have to enter duplicate data. We look forward to this collaborative relationship.

## **FDA Support on Drug Shortages** - Karen Braman

Remdesivir Distribution – Last week, KDHE began distributing remdesivir that was received from the federal administration. This is part of the 1.5 million doses donated nationwide by Gilead, the manufacturer. While remdesivir is investigational with no FDA approved uses, the FDA issued an emergency use authorization for the treatment of adult and pediatric COVID inpatients meeting certain criteria related to oxygen saturation and the need for supplemental oxygen or mechanical ventilation. Ten cases of remdesivir were distributed mid-week (enough for about 60 patients); and another 25 cases (~ 150 patients) were distributed Saturday. The allocation is based on data submitted to HHS' Teletracking system.

Last week KDHE announced plans to convene a Remdesivir Distribution Task Force to assist with 3 areas: developing an allocation methodology; outcomes measurement and tracking; and ethical considerations to ensure fair distribution. The Task Force met Friday and developed an interim allocation plan for state distribution of Remdesivir that was used for Saturday's distribution. KDHE reported that the Task Force includes physicians specializing in Infectious Disease, Hospital Medicine, and Pulmonary/Critical Care as well as a pharmacist. KDHE data experts worked to support decisions made by the Task Force.

The Task Force made the following recommendations to KDHE as the interim allocation plan for remdesivir distribution:

- Allocation will be based on number of current COVID-19 inpatients.

- The unit of allocation will be 0.5 cases. This is equivalent to 20 vials, enough to treat 3 patients or a 5-day course.
- To align with the minimum allocation of 0.5 cases, hospitals with  $\geq 3$  admitted patients are eligible for allocation.
- When medication is shipped to hospitals, the following items should be addressed:
  - Remdesivir use should meet EUA specifications and guidance. The EUA guidance requires that hospitals track their inventory of remdesivir; track its use at the individual patient level; and report any serious side effects to the FDA.
  - Remdesivir shipped to hospitals is available for immediate use; however, KDHE retains ownership of unused medication. If a hospital has unused doses, KDHE may ship the remaining vials to another location to address clinical needs.

Of note, once the current supply of donated remdesivir has been distributed, there will be no further supply until August at the earliest. Providers are advised to carefully consider how the drug is utilized; and to ensure it is utilized in accordance with the EUA.

Drug shortages – The FDA is working to verify current critical care drug shortages being experienced by hospitals and has created a voluntary survey they are asking to be completed. This effort is one of FDA’s activities to continue monitoring of the supply chain to help address or mitigate potential drug shortages. We will send that out in today’s (5-19-20) daily email update along with more information and the [survey link](#).

#### **State Updates** - Chad Austin

The Kansas legislators will be returning on Thursday, May 21 to complete their work for the 2020 legislative session. While there are numerous issues to be resolved, the challenge will be that the legislators will have only one day to finish their work. KHA staff has been working with legislative leadership and the governor’s office to elevate the advocacy priorities for Kansas hospitals. From our perspective, the items that we are requesting to be considered include:

- Provider liability protections for COVID and Non-COVID related services
- Clarification for the hospital provider assessment program
- Telemedicine policies to assist COVID response

Late last week, KHA collaborated with the Kansas Medical Society to provide joint testimony on the provider liability protections to the House Judiciary Committee. We provided similar testimony to the Senate Judiciary Committee yesterday. At this point, it appears the Kansas Senate may want to combine the liability protections for the provider community with language that is being sought by the business community. The challenge will be to develop language that is not only supported by the provider and business community, but also has enough support to pass the legislature and be signed into law by the governor.

In addition, we anticipate that the governor’s office will be announcing later this week the appointment of her members to the COVID-19 economic task force. As you might remember, the governor selected Cheryl Harrison-Lee as the recovery office executive director and Lyle Butler as the chair of the team. This task force will be responsible for allocating the \$1.25B that Kansas received from the federal government for COVID related expenses.

## **Federal Updates** - Chad Austin

On the federal level, KHA's focus continues to be on the development of the next COVID funding package. Last Friday, the US House passed the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act – which is a \$3 trillion COVID19 relief package. Among the provisions in the bill include:

- Increasing the amount of funding available by \$175B to providers through the Public Health and Social Services Emergency Fund.
- Modifying the terms of the accelerated and advanced payments available through the Medicare program, and
- Temporarily increasing the funding to states by increasing their Federal Medical Assistance Percentage (FMAP) by 14%, and Medicaid disproportionate share hospital (DSH) allotments by 2.5%.

While the bill passed the House, the US Senate is not expected to consider the legislation in its current format. We anticipate to begin hearing more about the Senate's plan in the coming days. With that said, KHA will continue to work closely with AHA and NRHA to advance our policy initiatives. Stay tuned for any new developments on these discussions.

## **Finance and Reimbursement Update** - Tish Hollingsworth

### **Webinar Series on Funding**

KHA is offering a webinar series to assist our members in understanding the various payment streams being distributed to hospitals and the compliance concerns associated with the funding, as a result of the COVID-19 crisis. The first webinar is scheduled for May 20, and will be provided by King & Spalding, a national law firm based out of Washington, D.C. The focus of this first webinar is to provide insight on the importance of providers involving their compliance departments in the use and tracking of the CARES Act Relief Funds, an overview of HHS Terms and Conditions for receipt of funding, as well as other statutory considerations. The second webinar is scheduled for May 28 and will focus on the potential implications of the funding on the Medicare Cost Report as well as recommendations for tracking costs for reporting purposes as required for receipt of the funding. This webinar will be co-presented by WPS, our Medicare Contractor, and a representative from Eide Bailly, a CPA firm and business advisory group. Registration for the first webinar was sent out last week, and registration for the May 28 webinar will be sent out later this week.

### **HHS Extends Deadline for Attestation**

The Department of Health and Human Services recently extended the deadline for healthcare providers to attest to receipt of payments from the Provider Relief Fund and accept the [Terms and Conditions](#). Providers will now have 45 days, increased from 30 days, from the date they receive a payment to attest and accept the Terms and Conditions or return the funds. As an example, the initial 30-day deadline for providers who received payment on April 10, 2020, is extended to May 24 from May 9, 2020. HHS indicates that providers who do not complete the attestation within 45 days of receipt of payment will be viewed as accepting the Terms and Conditions. Visit [hhs.gov/providerrelief](https://hhs.gov/providerrelief) for more information on the allocations of funding.

### **KanCare Update**

Last week, the three KanCare MCOs provided updated education on the expanded telemedicine coverage and billing guidance during COVID-19. A copy of their presentation will soon be available on the Kansas Medical

Assistance Program (KMAP) [website](#). In the past week, there have been a number of KMAP bulletins published specifically as it relates to COVID-19 policies. The policies include KMAP Bulletin 20107 on Coverage of COVID-19 Antibody Testing and KMAP Bulletin 20111 Clarification of Written Consent Documentation Requirement for Telemedicine. As a reminder, KMAP has a [specific link for all of the various bulletins, manual updates and online resources available for COVID-19](#). KHA is also providing more information on [telehealth on the new KHA COVID-19 webpage](#).

#### KHA Funding Survey Results and Request for Updated Data

On May 11, an email was sent to the CEOs and CFOs of member hospitals that provided the results of the April 13 Funding Survey (summary results attached to the May 19 Daily Update email). This information has been used in communication with the news media, the State, our congressional delegation and others to explain the impact of COVID-19 on our Kansas hospitals. Included in the email was a request that hospitals provide some updated information on actual April 2020 net patient revenue as well as how your hospital is implementing re-opening of elective services and procedures. We would request your assistance in completing this brief survey by **May 20** by clicking on this [link](#).

#### Clinical Calls and KHA Education - Jennifer Findley

Clinical calls that have been held weekly on Tuesdays at noon by the University of Kansas Health System, University of Kansas Care Collaborative and the Kansas Hospital Association will be taking a break. We plan to resume the calls on June 2 and will be moving to an every other week schedule. If you have topics you would like to see covered in future clinical calls or a question you would like to submit in advance, please email Jennifer Findley at [jfindley@kha-net.org](mailto:jfindley@kha-net.org).

KHA is starting to look at summer educational offerings and in-person meetings and is evaluating plans. Like you, we are anxious to resume activities and see all of our members. We are closely monitoring state and local guidelines and hope that we can resume some small group meetings in July. More details about upcoming events and formats will be shared as soon as they become available.

#### Communication Resources - Cindy Samuelson

As we move into a new phase of health care delivery, we know KHA members remain fully committed to protecting the health and safety of their patients and employees, while continuing to educate the public on measures to stop the spread of COVID-19. KHA has created a [Communication Tools](#) page on our COVID-19 website. This includes guidance and talking points on resuming non-COVID 19 care. It also includes a number of social media graphics and text that hospitals can use or customize. Thank you to all of our members who have shared samples of their plans, policies, releases and other communications on re-opening and resuming non-COVI-19 care. These samples are located on the [Hospital Resources](#) page on our COVID-19 website.

The [AHA has launched a national advertisement campaign](#) to remind the public that as hospitals are fighting COVID-19 they are still here to care for them in every way, every day. As many have delayed care during this public health crisis, the [television ad](#) emphasizes to the public that hospitals and health systems are ready and able to serve their communities, just as they always have done and will continue to do. KHA will be releasing a similar statewide Public Service Announcement (PSA) this week. We will have at least one :30 and one :60 second version. Thank you to many of our members for sharing their videos and images for these PSAs. We will share them as soon as they are available.

KHA also has added a [Telehealth Resources](#) page on our COVID-19 website. This web page is a compilation of resources to assist you in understanding the changes in telehealth such as increased access and expanded coverage during the COVID-19 pandemic.

### **Member Questions**

*Q1: The hospital has been promoting and using telehealth. What is the likelihood that the waivers received for the RHC's will go away at the end of the year?*

A1: The expansion of telehealth as a response to the COVID situation is a positive step and should have been in place for several years. As providers are using it and patients accept it, CMS will have more reason to approve it. KHA is taking a two-pronged approach to telehealth funding. First, we are seeing what needs to be put in place from the executive orders on telehealth to a statewide perspective. Secondly, on the federal level, they have a call with the federal delegation each Friday. KHA continues to communicate with them how much our hospitals are utilizing telemedicine and how some of the waivers have allowed us to leverage that platform to ensure that, we are able to provide care on a state capacity. There continues to be dialog related to that, and it is a top priority for AHA and NRHA. Telehealth is a priority and has been communicated by all major organizations to Congress. We would expect that waivers will continue forward, but work needs to be done to ensure it gets into the next round of bills.

*Q2: You stated that 20 doses is sufficient for three patients, which would give each patient 6-7 days of therapy. The study was for 10 days.*

A2: Studies have been conducted with both 5 and 10 days' therapy. Outcomes were not significantly different between the 5 and 10-day studies. Within the emergency use authorization, the FDA allows that it could be continued up to 10 days. KDHE based the amount of remdesivir on 5 days' total therapy.

*Q3: Have you heard of anyone purchasing a temperature kiosk that takes a temperature upon building entry?*

A3: Have not heard of anyone purchasing those. They may or may not be as accurate as one would like. The human resources group in the Kansas City metro area shared a temperature-screening unit similar to what you would go through at the airport for metal detection. Cass County (Missouri) is evaluating the unit, and it is the only one APS is aware of at this time. They are reasonably more expensive than the handheld devices.

*Q4: Can you clarify the schedule for the statewide calls?*

A4: KHA Hospital Huddles will continue at 10:00 a.m. on Tuesdays. KHA will continue to host them as long as the members need that kind of communication. KHA and KU are taking a break from the weekly Clinical Calls at noon on Tuesdays. They will resume on June 2 on an every-other-week format as long as the members need that kind of communication.

*Q5: Many communities are struggling with getting back to normal. Kingman has taken a hospital and community poll concerning expectations when resuming care. Are hospitals starting to eliminate some restrictions, such as allowing visitors for inpatients?*

A5: KHA sent a survey to hospitals asking how hospitals are changing their processes as they reopen and resume services. The survey will close on May 20. Only a few have responded to it. The two questions were: "What is your actual net patient revenue for April 2020?" and "What is your hospital doing as you are opening up and beginning new elective services?" KHA encouraged participants to make sure they complete the survey if they hadn't done so already. [Here is the survey link.](#) Additional member feedback on reopening was shared below.

## **Member Strategies on Reopening and Resuming Non-COVID Care**

Jetmore: Their county hasn't had a COVID case yet, but they are close to the hot spot in Ford County. They are keeping strict infection control measures while staying as patient/family friendly as possible. The hospital is resuming surgery and pain management procedures this week and next week.

Susan B. Allen: They have resumed surgery and are doing COVID testing prior to surgery. In addition, they are screening everyone at the door.

Parsons: Their hospital started performing outpatient surgeries two weeks ago. Colonoscopies were begun last week, and the first inpatient cases were accepted yesterday. They are seeing 25-30% increase in patient visits per week. They continue testing OR staff and patients. Going to look a week at a time, reviewing the data in the area and making decisions based on that. They now allow one visitor per patient, and everyone is required to wear a mask.

Medicine Lodge: Their hospital is doing some outpatient procedures and are still screening individuals. They are allowing one visitor per patient and requiring masks for all visitors; however, they only require masks for staff who are in patient care.

Hutchinson: Their hospital allows one visitor per inpatient admissions. They require everyone to wear masks and perform screening at the ED entrance. They still consider their hospital a restricted facility, other than opening for opportunities to provide service to the community.

Onaga: They are seeing differences in the various regions of the state. They are relaxing rules around the fitness centers, but only allowing staff to utilize the facility with restricted hours and a lot of different requirements. As the state continues to reopen, the health care field needs to set the example for what needs to be done. Although they are relaxing, they will continue with masks and screening to continue to set an example for the community.

## **Next Hospital Huddle Call**

The State of Kansas is only updating public COVID-19 data on Mondays, Wednesdays and Fridays. KHA will continue to do a dashboard on Mondays, Wednesdays and Fridays. KHA will email our daily update to members each weekday Monday through Friday.

Please continue to share your COVID-19 questions with us by emailing [Cindy Samuelson](#). Our next call will be Tuesday, May 26 at 10:00 a.m.