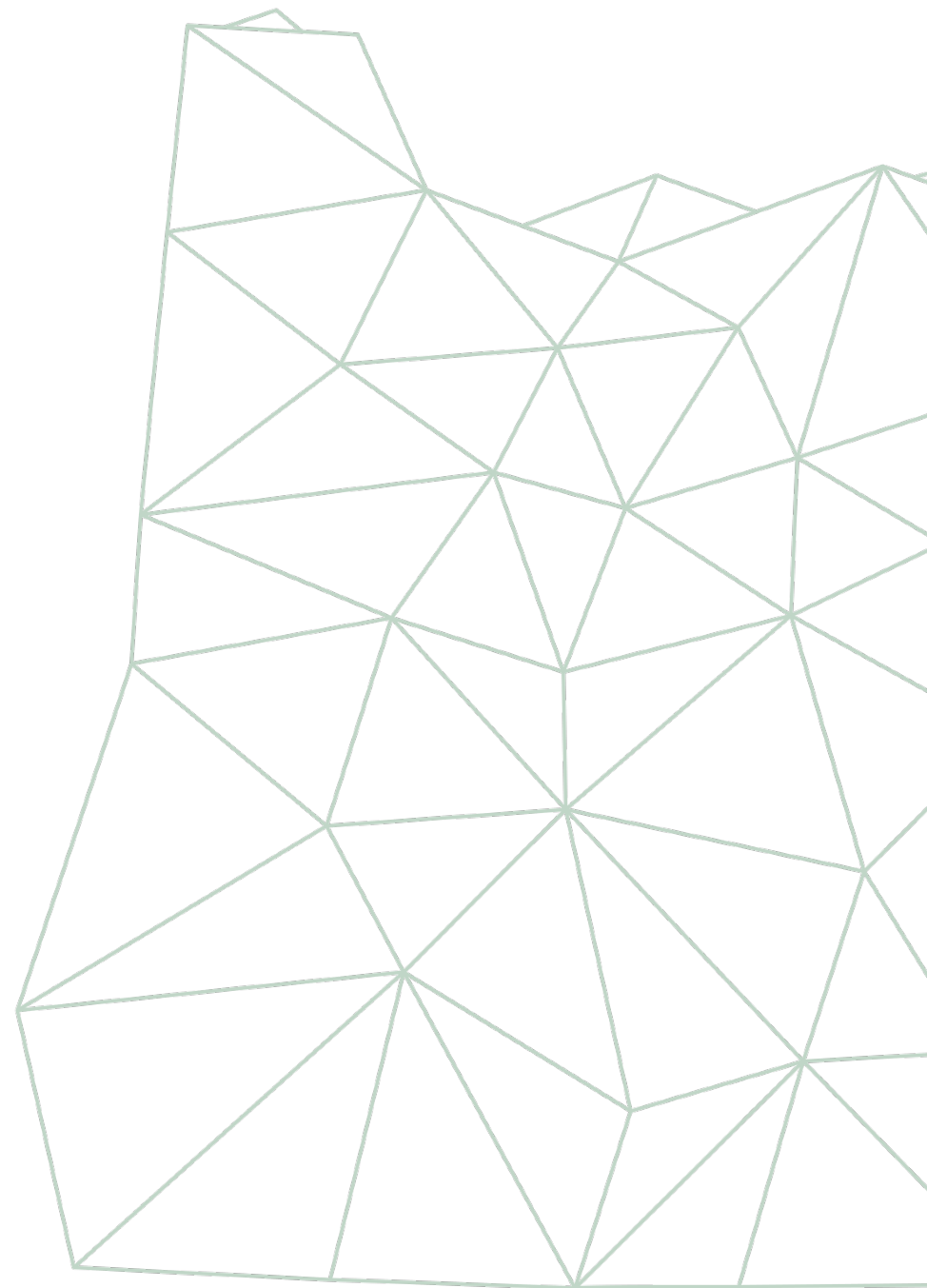




Special

Oregon COVID-19 Response for Clinicians

Session 8 May 7, 2020



Resources located in the ECHO Portal (connect.oregonechonetwork.org):

WHEN IT STARTS

3/19/2020

WHEN IT ENDS

LINK TO PARTICIPATE

[Navigate to ECHO](#)

LINK TO COHORTS

[View Cohort Roster](#)

SUMMARY OF EACH SESSION

SESSION/TITLE	DATE/TIME	PRESENTER	RELATED RESOURCES
0 - General Resources	3/19/2020 12:00:00 AM		Telehealth guidance from OHA and DCBS FAQ: Answers from OHSU School of Medicine (view notes) Patient resources for Anxiety and Loneliness De-escalation of Physical Distancing in AC Outpatient COVID 19 Reference Guide
1 - Session 1	3/19/2020 12:00:00 PM	Laura Byerly	COVID-19 Response for Clinicians ECHO Audio Recording COVID-19 Response ECHO Session 1 (view notes) Session 1 Chat Box Executive Summary of COVID-19 Chat Box Questions Video Link for Session 1
2 - Session 2	3/26/2020 12:00:00 PM		Updated Resources for COVID-19 Response Session 2 Slide Deck Video Link for Session 2 Session 2 Chat Box Session 2 Exec Summary of Chat Box

Special COVID-19 ECHO Series Goals

1. Provide the latest information on the COVID-19 pandemic and it's impact on Oregon
2. Deliver brief didactic sessions on key areas, e.g., clinical management, hospital/critical care management, prevention, practice system & workflow, community impact, ethical issues, older adult & vulnerable populations, long term care management, etc.
3. Provide a forum to share clinical, community, and system cases to improve quality and inform 'best practice'

Today's Agenda

- COVID-19 Update
- COVID-19 Survey of Primary Care Practices: Melinda Davis PhD
- Expert presentation: “Surviving After Shutdown- Practice Sustainability During COVID-19” Bryan Boehringer, CEO Oregon Medical Association
- Q & A



Oregon Health Authority

COVID-19 Update, May 7, 2020

Dana Hargunani, MD MPH

Tom Jeanne, MD, MPH

Agenda Items

COVID-19 epidemiology update

Surveillance Strategy

Presumptive Case Definition

Testing Guidance Updates

Discontinuation of Isolation

COVID-19, medical care and public charge

Reopening elective surgery

Q&A

Epidemiology Update

The COVID-19 Pandemic Update in Oregon

As of May 6th:

- 2,887 positive COVID-19 cases
- 115 deaths
- 65,060 negative tests
- Test results do not reflect the full impact of COVID-19 in our state

Testing Results Summary through May 1, 2020

Summary of Oregon test results through 5/1/20

	Pre- 2/28	2/29- 3/6	3/7- 3/13	3/14- 3/20	3/21- 3/27	3/28- 4/3	4/4- 4/10	4/11- 4/17	4/18- 4/24	4/25- 5/1	Total to date
Positive	1	12	35	66	348	437	472	414	392	402	2,579
Negative	3	122	466	1,460	7,050	7,434	9,318	8,683	8,779	12,282	55,597
Total results	4	134	501	1,526	7,398	7,871	9,790	9,097	9,171	12,684	58,176
% positive	25.0%	9.0%	7.0%	4.3%	4.7%	5.6%	4.8%	4.6%	4.3%	3.2%	4.4%

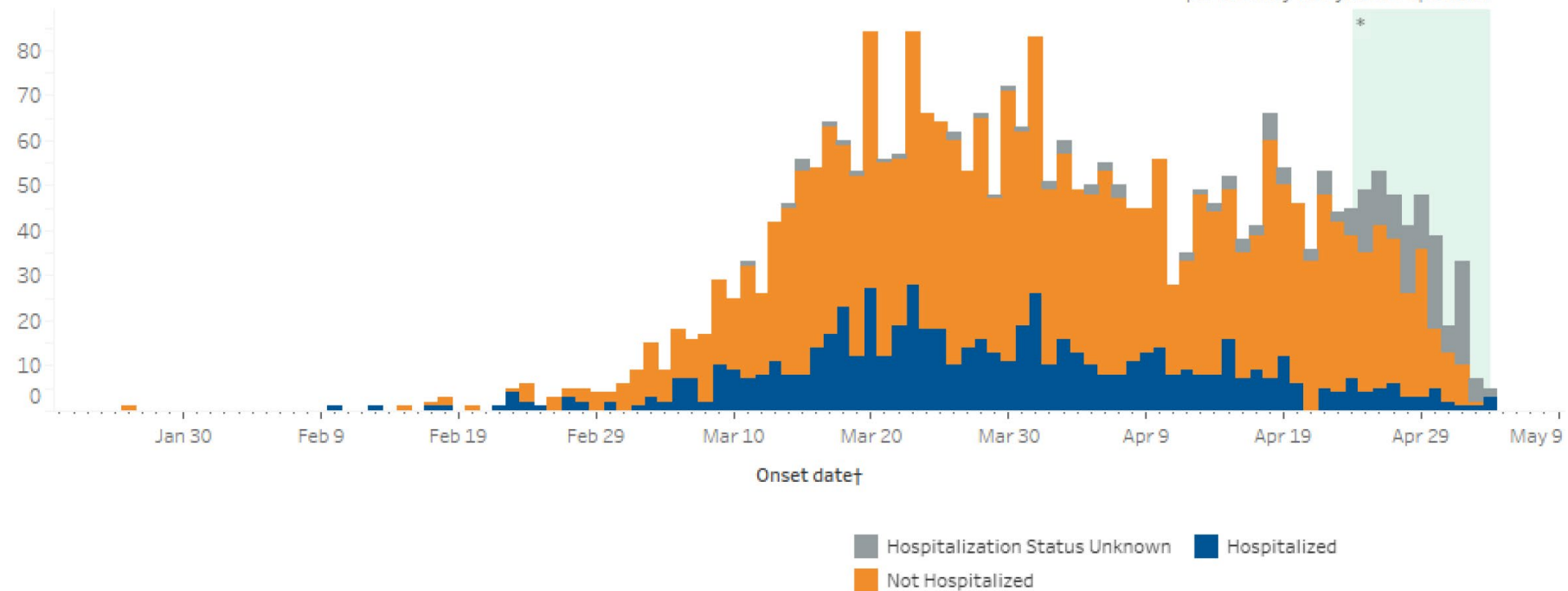
Epidemiologic curve

Oregon's Epi Curve: COVID-19 cases

This chart shows the number of Oregonians who have been identified as COVID-19 cases and whether they were ever hospitalized for their illness.‡

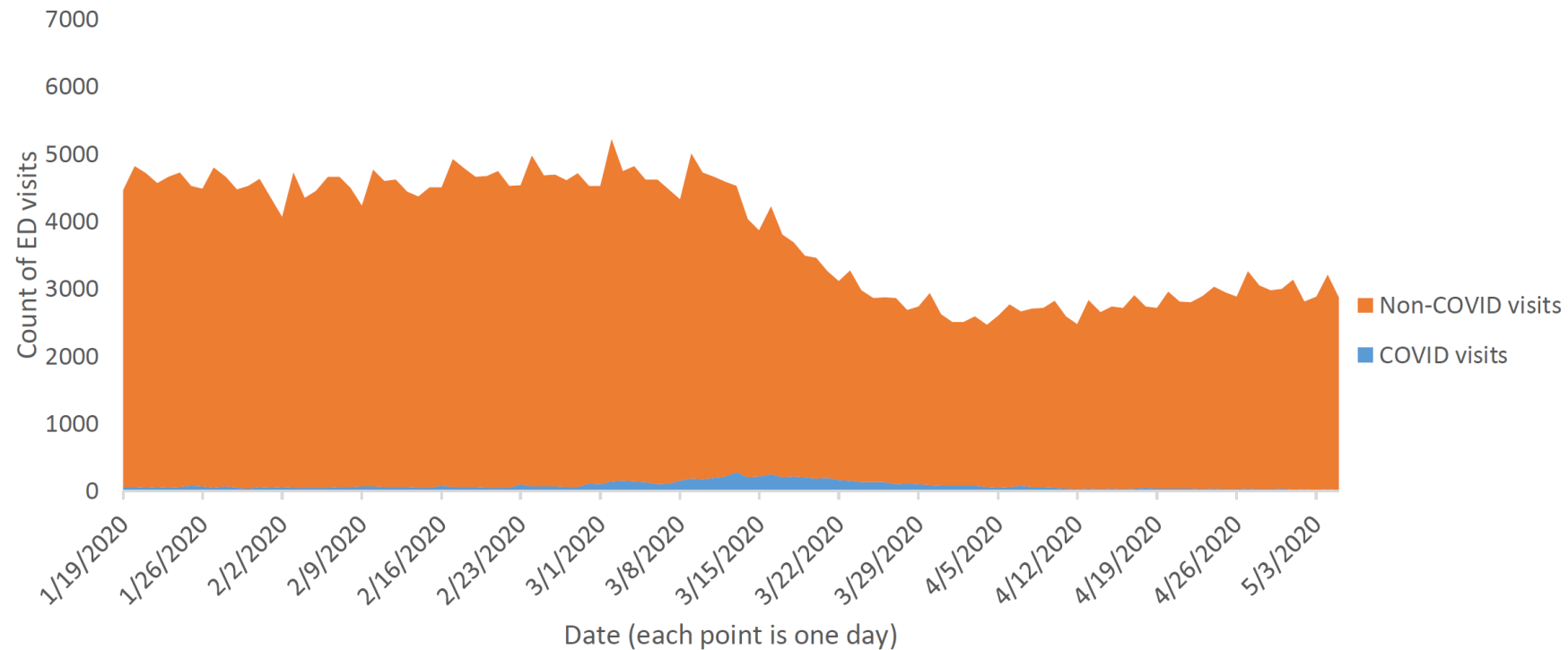
Total Cases	Hospitalized	Not Hospitalized	Hospitalization Status Unknown
2,916	641	2,088	187

*Illnesses that began during this time period may not yet be reported.



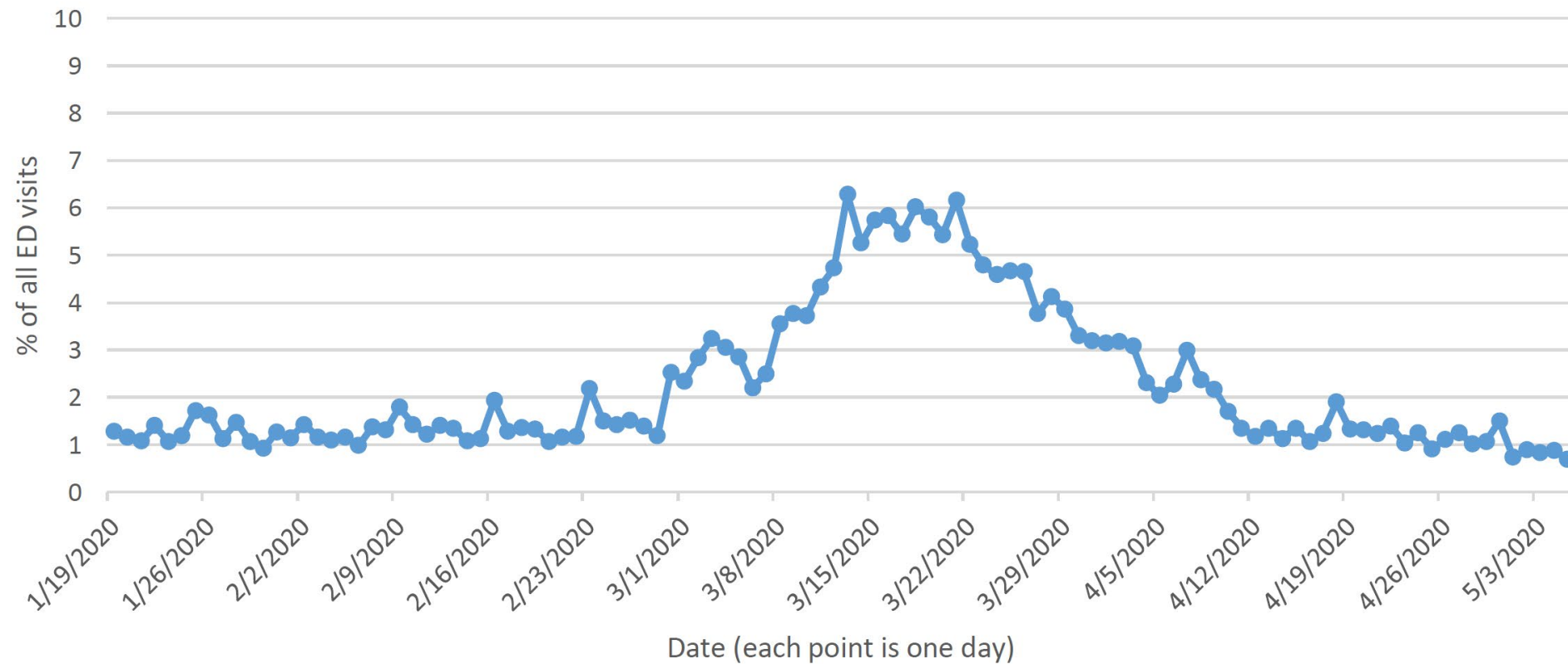
Daily ED visits

COVID-like visits still make up a small proportion of all reported ED visits,
and total ED visits have decreased...



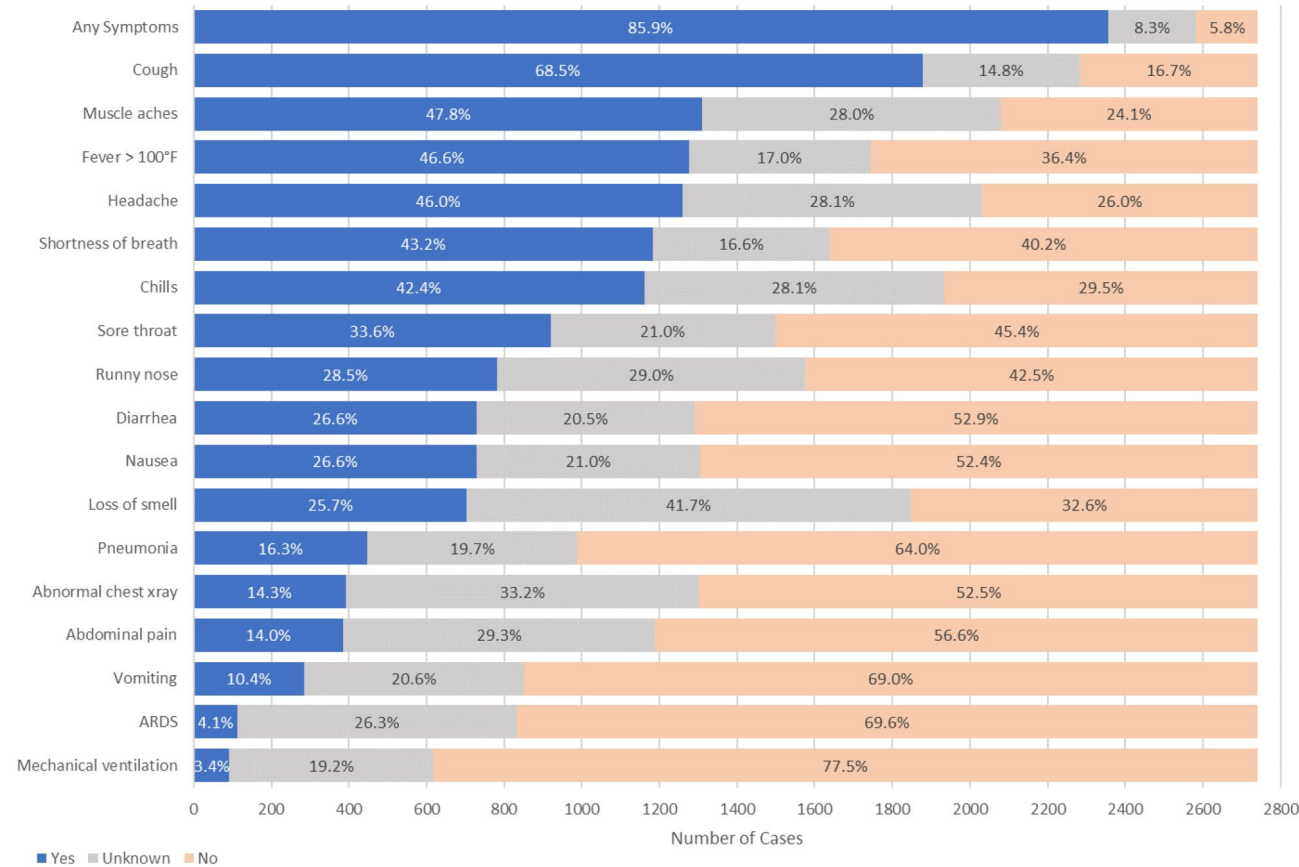
Daily ED visits for CLI

... and the percentage of COVID-like visits has decreased.



Reported Signs and Symptoms for All COVID-19 Cases as of May 3 (n=2,742)

Figure 1. Reported signs and symptoms for all confirmed COVID-19 cases (n=2,742)



Age Group Distribution of all COVID-19 Cases as of May 3, 2020

Table 1. Age group distribution by age group of all COVID-19 cases (n=2,742)

Age group	Cases	% of total cases	Cases per 10,000 ^a	Deaths	Hospitalized
0-9	13	0.5%	0.3	0	3
10-19	72	2.6%	1.4	0	2
20-29	363	13.4%	6.5	0	24
30-39	446	16.4%	7.7	0	40
40-49	472	17.4%	8.7	3	78
50-59	497	18.3%	9.3	3	95
60-69	424	15.6%	7.9	21	157
70-79	269	9.9%	7.9	33	120
80+	180	6.6%	10.7	49	86
Not available	6	0.2%	n/a	0	3
Total	2742	100.0%	7.2	109	608

^aPopulation data were compiled from the 2019 Annual Oregon Population Report which is produced by the Population Research Center, Portland State University

Race Distribution of all COVID-19 Cases as of May 3, 2020

Table 2. Race distribution of all COVID-19 cases (n=2,742)

Race	Cases	% of total cases	Cases per 10,000 ^a	Deaths	Hospitalized
White	1456	53.1%	4.6	81	378
Black	69	2.5%	8.4	5	22
Asian	100	3.6%	5.1	6	31
American Indian/Alaska Native	45	1.6%	9.6	2	10
Pacific Islander	27	1.0%	16.0	1	8
Other	700	25.5%	n/a	6	112
>1 race	58	2.1%	4.2	1	8
Not available	287	10.5%	n/a	7	39
Total	2742	100.0%	6.5	109	608

^aNCHS Population Estimates: National Center for Health Statistics (NCHS), Estimates of the resident population of the US by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2018). 2) Census Bureau Population Estimates: U.S. Census bureau, Population Division, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for counties (Vintage 2018)

Ethnicity Distribution of all COVID-19 Cases as of May 3, 2020

Table 3. Ethnicity and death by ethnicity of all COVID-19 cases (n=2,742)

Ethnicity	Case count	% of total cases	Cases per 10,000 ^a	Deaths	Hospitalized
Hispanic	797	29.1%	14.3	7	135
Non-Hispanic	1641	59.8%	4.5	88	435
Not available	304	11.1%	n/a	14	38
Total	2742	100.0%	6.5	109	608

^aNCHS Population Estimates: National Center for Health Statistics (NCHS), Estimates of the resident population of the US by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2018). 2) Census Bureau Population Estimates: U.S. Census bureau, Population Division, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for counties (Vintage 2018)

Current COVID-19 Hospitalizations- May 6, 2020

	Currently Hospitalized COVID-19 Patients*	Currently Hospitalized COVID-19 Positive Patients**
Hospitalized COVID-19 Patients	191	91
COVID-19 Patients in ICU Beds	47	26
COVID-19 Patients on Ventilators	20	15
*Includes both confirmed and suspected COVID-19 patients		
**Includes only confirmed positive COVID-19 patients		

Surveillance Strategy
Presumptive Case Definition
Testing Guidance Updates
Discontinuation of Isolation

Surveillance Strategy

Governor's Medical Advisory Panel reviewed and approved active surveillance strategy last week; reviewing parameters for considering stepwise easing of social restrictions today.

Active surveillance

- Expand diagnostic testing
- Identify and investigate COVID-19 cases, including contact tracing
- Isolate cases, quarantine contacts; provide wraparound support
- Reduce transmission in at-risk groups and intervene in clusters

Resource needs for active surveillance: workforce (hiring, training); IT capacity; equipment, supplies and space; support for those under isolation and quarantine

Contact Tracing

Oregon COVID-19 Testing and Contact Tracing Strategy

Summary

- 1. Test every Oregonian who is symptomatic**
 - a. Must be available with 48–72 hour turnaround statewide.
 - b. Rapid tests must be available for first responders, healthcare professionals and congregate care settings that cannot effectively isolate or quarantine residents.
- 2. Test asymptomatic individuals in group living situations where COVID-19 is suspected**
 - a. Includes nursing homes, adult foster homes, group homes, farmworker housing, fishing boats, prisons, and more.
 - b. Must have surge capacity to test large numbers in group settings

Contact Tracing

Oregon COVID-19 Testing and Contact Tracing Strategy

3. Widespread, voluntary sample testing, particularly for at-risk populations

- a. Widespread, voluntary representative sample testing project
- b. Must have accurate data for at-risk communities, particularly tribal members and communities of color

4. Active and timely contact tracing

- a. Staffing to cover every region of the state – current goal is 600 trained people, who are culturally and linguistically representative of the populations served.
- b. Widespread voluntary use of mobile app to facilitate quick contact identification

5. Centralized operations and coordination

- a. New testing division established at emergency coordination center
- b. Unified coordination among all hospital labs in the state

Updates to testing guidance 5/1

Patients with new onset of symptoms consistent with COVID-19 are recommended for testing according to the guidelines detailed below. Symptoms consistent with COVID-19 are:

- Cough **or** shortness of breath **or** difficulty breathing
or
- At least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss

OHA recommends that **any person with symptoms consistent with COVID-19** may be tested for COVID-19, but should be considered a lower priority than the high-risk groups. Severity of symptoms and available testing and health care system capacity should be factored into the decision, including staff, PPE, testing supplies, specimen collection supplies, and current testing turnaround time.

Updates to testing guidance 5/1

Added the following to high-priority groups for testing:

- Migrant or seasonal farm workers
- Pacific Islanders
- People from other linguistically diverse populations due to longstanding social and health inequities

Presumptive case definition

Starting May 1, OHA began tracking presumptive COVID-19 cases in its daily reports, consistent with recently amended CDC guidance

A presumptive case is someone who has symptoms consistent with COVID-19, does not have a positive PCR and had close contact with a confirmed case. If they later test positive by PCR, those will be recategorized as confirmed cases.

A presumptive case is investigated by local public health authorities as they would a confirmed case. Presumptive cases are asked to follow the same self-isolation protocol as confirmed cases.

In rare instances, a presumptive case will later be diagnosed with another disease that better explains their illness. In those instances, the presumptive COVID-19 case will be recategorized and they will no longer be reported as a COVID-19 case.

Quarantine Q&A

How long should we recommend patients self-quarantine after exposure to a known COVID-19 case?

- 14 days

What should we recommend for quarantine?

- Check one's temperature twice a day and self-monitor for COVID-19 symptoms. The local health department will check in via phone or text daily.
- Stay at home as much as possible. Don't go to work. Avoid places where many people gather, including stores, workplaces, and schools.
- Stay off transportation like planes, trains, and buses.
- Call one's healthcare provider promptly if fever, cough, or trouble breathing develop.

How long should a COVID-19 positive patient without symptoms self-quarantine?

- If a confirmed case is asymptomatic or only has symptoms other than fever, cough, shortness of breath, and diarrhea, they should be isolated for 10 days after the collection date of the specimen that tested positive.

Discontinuation of Isolation

COVID-19 cases should remain under home isolation for **at least 10 days** after illness onset and **until 72 hours after** fever is gone, without use of antipyretics, and COVID-19 symptoms (fever, cough, shortness of breath, and diarrhea) are improving.

If a confirmed case is asymptomatic or only has symptoms other than fever, cough, shortness of breath, and diarrhea, they should be isolated for 10 days after the collection date of the specimen that tested positive.

At this time, replication competent virus has not been successfully cultured >9 days after onset of illness. The statistically estimated likelihood of recovering replication competent approaches zero by 10 days.

COVID-19: Medical Care and Public Charge

COVID-19: Medical Care and Public Charge

Due to the COVID-19 emergency, the federal Department of Homeland Security and USCIS clearly stated that testing, treatment, and preventive care related to COVID 19 will **not** be considered as part of the public charge determination, no matter how that that testing or treatment is paid for.

For Information from Oregon Health Authority on the Public Charge Rule and COVID-19, visit:

<https://www.oregon.gov/OHA/ERD/Pages/public-charge.aspx>

Additional information on Public Charge and COVID-19 from the Protecting Immigrant Families group:

https://docs.google.com/document/d/1fQyxwXnXqGD4wxMNj4xMsJ4_1aOschcbK0yxliN4k9w/edit

Resource: the Oregon Law Center/Legal Aid Services of Oregon Public Benefits Hotline for questions about public benefits and public charge. 1-800-520-5292.

Resuming Non-Emergent and Elective Procedures

Resuming Non-Emergency and Elective Procedures requiring PPE

On April 23 Governor Brown announced her plan for resuming non-emergency and elective procedures beginning as early as **May 1st** as long as certain criteria are met

On April 27, Governor Brown issued Executive Order No. 20-20:

- *“Oregon is at the point where it is possible to gradually resume elective and non-urgent procedures, as long as those procedures are performed in compliance with Oregon Health Authority guidance, which will ensure COVID-19 safety and preparedness by maintaining hospital capacity and adequate supply of PPE”*

Last week, OHA issued guidance for resuming nonemergent and elective procedures within hospitals, ambulatory surgical centers, veterinary facilities, and medical/dental/other healthcare offices

Resuming Non-Emergency and Elective Procedures requiring PPE

Priorities that must inform all actions towards resuming non-emergent and elective procedures in Oregon:

- Minimize the risk of SARS-COV-2 transmission to patients, healthcare workers, and others;
- Avoid further delays in healthcare for Oregonians;
- Maintain adequate hospital capacity in case of an increase in COVID-19 cases;
- Minimize transfers to skilled nursing facilities and other long-term care facilities due to the vulnerability of these congregate care settings; and
- Reduce financial impacts to Oregon's health system.

Resuming Non-Emergency and Elective Procedures requiring PPE

Requirements before resuming non-emergent and elective procedures:

- Adequate hospital bed capacity
- Adequate PPE supplies and recommended use
- Access to adequate testing capacity
- Following strict infection control policy
- Following strict visitation policies

Once procedures resume:

- Start slowly
- Physical distancing
- Prioritize procedures based on indication and urgency
- Balance risks vs. benefits and consider needed resources

Detailed guidance documents can be found out:

www.healthcareoregon.org/coronavirushcp

FAQs: Resuming Non-Emergency and Elective Procedures requiring PPE

What does the term “procedure” mean for the purposes of this guidance?

A procedure means the provision of health care *that requires personal protective equipment* (i.e., even before the COVID-19 pandemic) and includes but is not limited to:

- An instrument or device being inserted into the body through the skin or a body orifice for diagnosis or treatment.
- Operative procedures in which skin or mucous membranes and connective tissue are incised, or an instrument is introduced through a natural body orifice.

FAQs: Resuming Non-Emergency and Elective Procedures requiring PPE

Can health care clinics re-open now that Governor Brown has issued EO 20-22?

Health care clinics were never required to close in Oregon under either [EO 20-10](#) or [EO 20-12](#). EO 20-10 issued March 23, 2020, only canceled elective and non-urgent procedures that utilized PPE but did not impact a health care clinic that wanted to provide other health care services. EO 20-12 specifically states that the required closures do not apply to “health care, medical, or pharmacy services.”

FAQs: Resuming Non-Emergency and Elective Procedures requiring PPE

Does EO 20-22 indicate that the health care system is back to normal?

No. Most health care settings are operating in new ways in response to the COVID-19 pandemic in order to reduce the exposure to and transmission of SARS-COV-2. In addition, the health care system has faced significant financial impacts due to COVID-19. While EO-22 allows non-emergent and elective procedures to resume if the criteria outlined in the guidance are met, these procedures must start slowly and must be prioritized based on indication and urgency.

FAQs: Resuming Non-Emergency and Elective Procedures requiring PPE

Am I required to maintain a distance of at least 6 (six) feet between staff and patients except during a procedure, or is that just a recommendation?

It is a strong recommendation. An office should implement, to the extent possible, physical distancing measures within waiting rooms and other areas of the office.

FAQs: Resuming Non-Emergency and Elective Procedures requiring PPE

How can I best limit the number of people in a waiting area?

The following are some best practices:

- To the extent possible, have patients wait in their cars before entering your facility, and contact them when it is time for their procedure.
- Ask patients if they are bringing someone with them, so you know whether to expect more than just the patient.
- Ask anyone waiting to take a patient home after a procedure to wait outside the facility, and call them when the patient is ready to be picked up.

FAQs: Resuming Non-Emergency and Elective Procedures requiring PPE

Can any health care personnel or patients use non-medical grade PPE, such as home-made face coverings?

All health care providers involved in direct patient care must use medical grade PPE. Health care staff not involved in direct patient care as well as patients and caregivers can use home-made face coverings, in accordance with the following guidance for the general public [here](#).

FAQs on Resuming Non-Emergency and Elective Procedures requiring PPE available at:

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2329.pdf>

Q&A



Quarantine questions:

How long should we recommend patients self-quarantine after exposure to a known COVID-19 case?

- 14 days

What should we recommend for quarantine?

- Checking one's temperature twice a day.
- Avoiding places where many people gather, including stores, workplaces, and schools.
- Staying off transportation like planes, trains, and buses.
- Calling one's healthcare provider promptly if fever, cough, or trouble breathing develop.

How long should a COVID-19 positive patient without symptoms self-quarantine?

- If a confirmed case is asymptomatic or only has symptoms other than fever, cough, shortness of breath, and diarrhea, they should be isolated for 10 days after the collection date of the specimen that tested positive.

Testing questions:

Are your COVID-19 test results just from the OHA lab or do commercial and hospital systems report their results to you?

- All of the above. The great majority of results in Oregon come from clinical and commercial labs.

Are positive antibody tests required to be reported now? or possibly in the future?

- Yes, they must be reported by health care systems as well as by electronic lab reporting

Will further interviewing and contact tracing be done on those with positive antibody tests?

- No

Can a patient choosing to be tested for antibodies have their personal information remain anonymous, other than the county in which they reside?

- The results will only be shared with the patient, the ordering provider, and public health. No personally identifiable information will be shared.

Additional Q&A:

What is the false positive and false negative rate of the tests?

- Varies by test type and manufacturer

If an asymptomatic patient is positive, what would be the guidelines for contact investigation? My understanding is that contact investigation for symptomatic patients begins 48 hours prior to the onset of symptoms. How far back does one go if the patient is asymptomatic?

- 48 hours prior to when the specimen that tested positive was collected

I've heard in the news that 50% of the COVID deaths are from nursing homes. Is this true in Oregon?

- Yes, just over half of deaths have been from people in LTCFs

When are we going to start opening up, especially in southern Oregon where we have very little cases and access to testing easily

- See the Governor's Press Conference today with more details on re-opening

Additional Q&A

Is it yet know if the mutations are significant in trying to develop a vaccine, especially given that these mutations occurred within just a few months and a vaccine will take 18+ mo?

- The virus is quite stable so this seems unlikely.

What should we know about skin findings/rashes in COVID-19?

- There have been case reports of chilblain like lesions on toes in children and young adults (“COVID toe”), but these findings are not included in the CDC definition of disease and are of unknown significance

What can you tell us about fecal transmissibility?

- GI complaints are a frequent COVID-19 symptom
- Studies have found 29-39% of stool samples were positive for COVID-19
- Per CDC: unclear whether the virus found in feces may be capable of causing COVID-19. There has not been any confirmed report of the virus spreading from feces to a person.

Closing and Important Contact Info

OHA Coronavirus Information for healthcare providers

<http://www.healthoregon.org/coronavirushcp>

Email your COVID-19 questions here that you want us to address at future informational sessions (*do not expect an individual response and do not send PHI*):

HealthCare.Provider@dhsosha.state.or.us



Interim Results Highlights: Quick COVID-19 Primary Care Survey

Melinda Davis, PhD

Associate Director, Oregon Rural Practice-based
Research Network

Associate Professor, Oregon Health & Science University

Quick COVID-19 Primary Care Survey

3 minute survey; 4 core questions and “flash” questions

Led by Rebecca Etz at the Larry A. Green Center in partnership with the Primary Care Collaborative

- National survey link released each Friday since March 13, 2020 (8 waves)
- ORPRN supporting distribution since March 27, 2020 (6 waves)

National data available at Green Center website

Oregon data (soon to be) available at ORPRN website

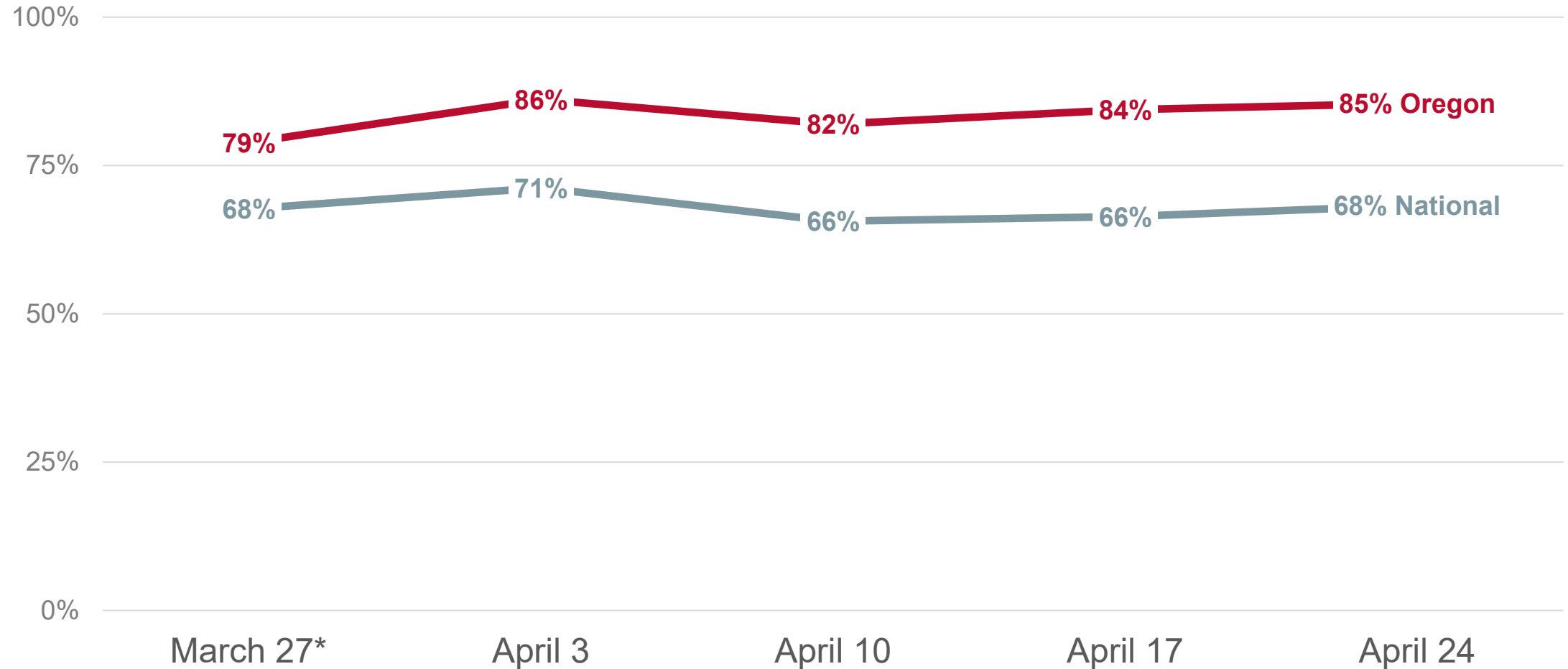


THE LARRY A.
Green Center

<https://www.green-center.org/>

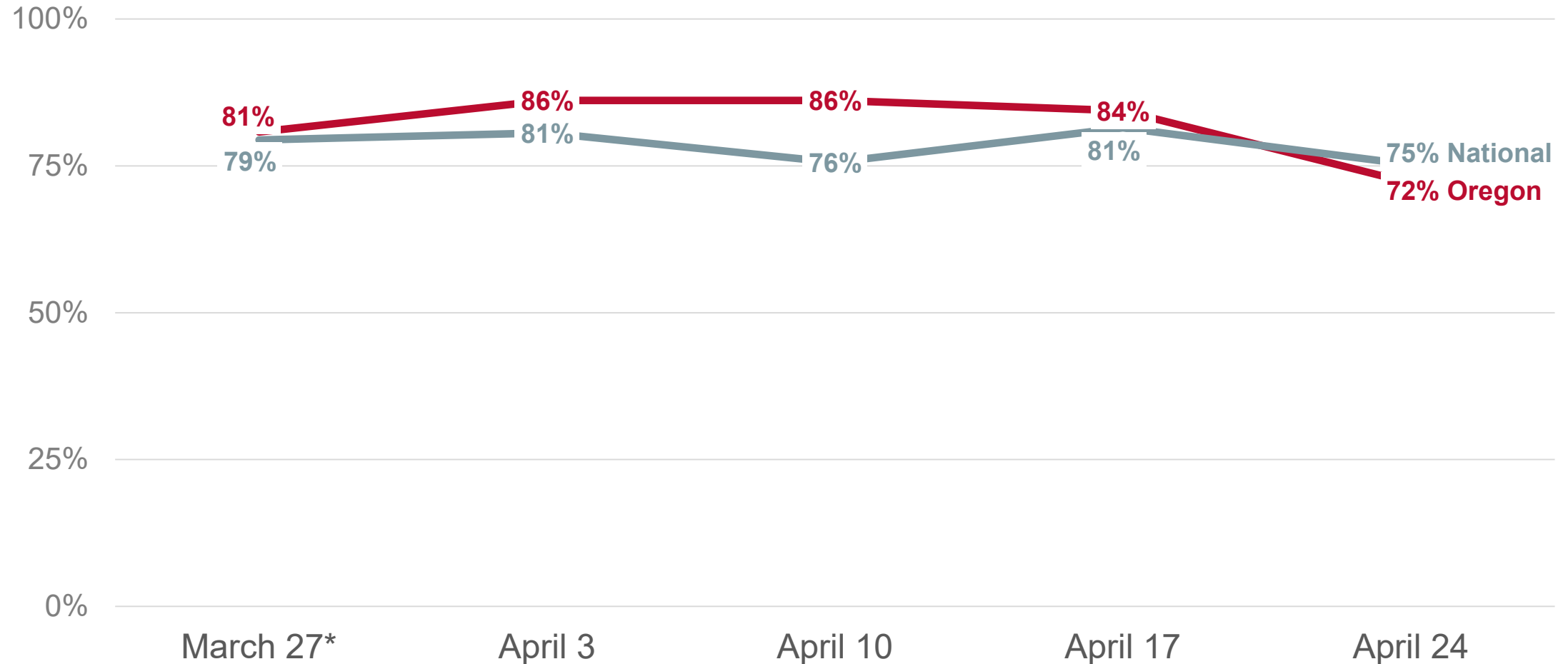
Testing capacity is flat, but Oregon is ahead.

More than $\frac{3}{4}$ of PC practices in Oregon reported COVID-19 testing capacity since March 27.



COVID-19 is significantly impacting primary care.

More than 70% of PC practices reported experiencing significant or severe impact.



Wave 7 Result Highlights (Fielded April 24-27, 2020)

Respondents: **3131 clinicians** from all 50 states (**186 clinicians** in Oregon)

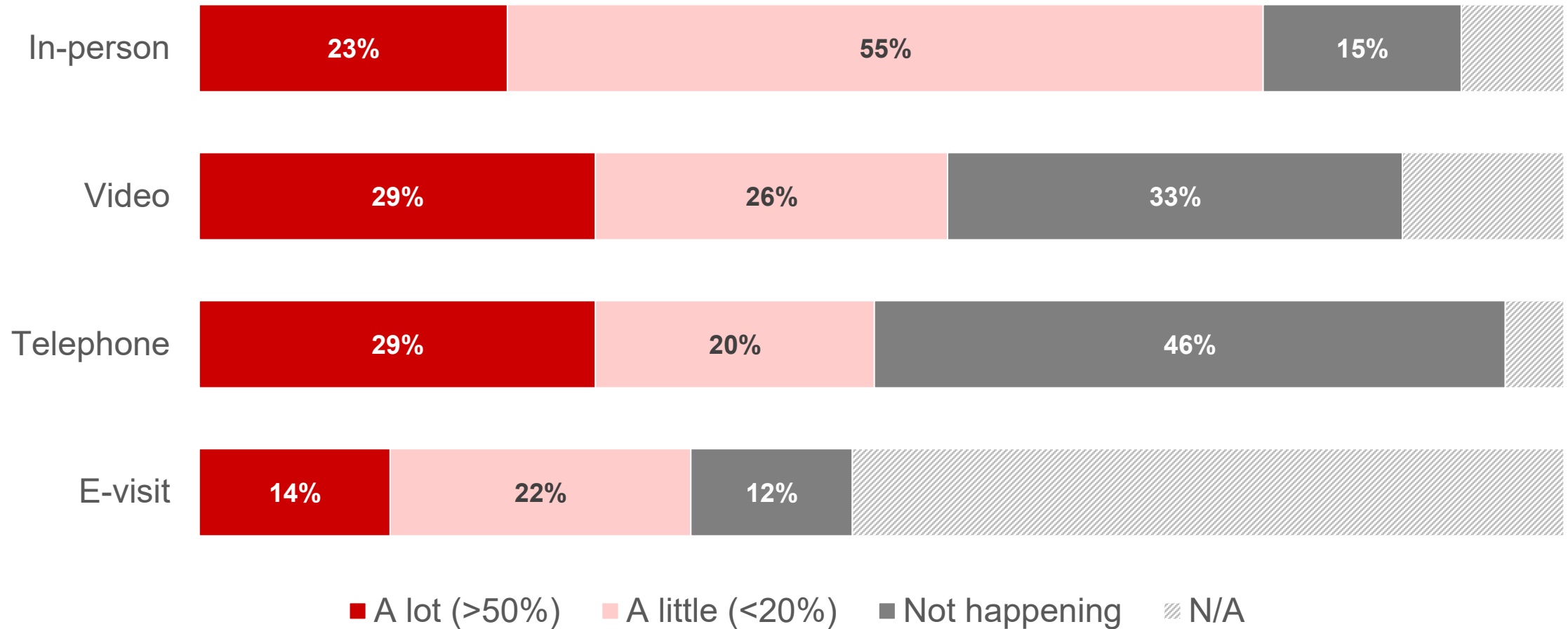
Key findings:

- **52%** have no personal protective equipment (**43%** in Oregon)
- **32%** report no capacity for testing (**15%** in Oregon)
- **85%** report large decreases in patient volume (**90%** in Oregon)
- **66%** report less than half their work is reimbursable (**62%** in Oregon)
- **47%** of primary care clinicians report they have laid off/furloughed staff (**37%** in Oregon)
- **45%** are unsure if enough cash to stay open for the next 4 weeks (**37%** in Oregon)

→ Data shared during Congressional Briefing on May 29th

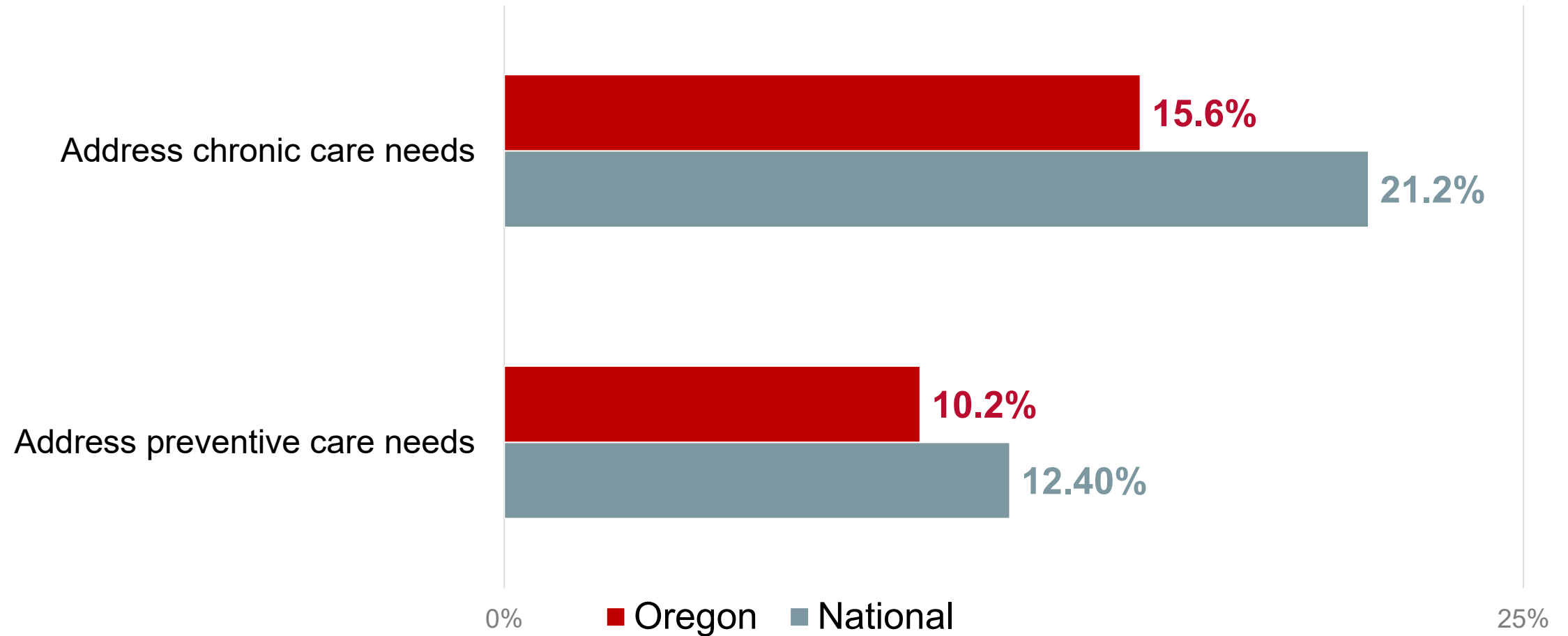
VISIT TYPE HAS TRANSFORMED.

More visits happening by video or telephone than in person.



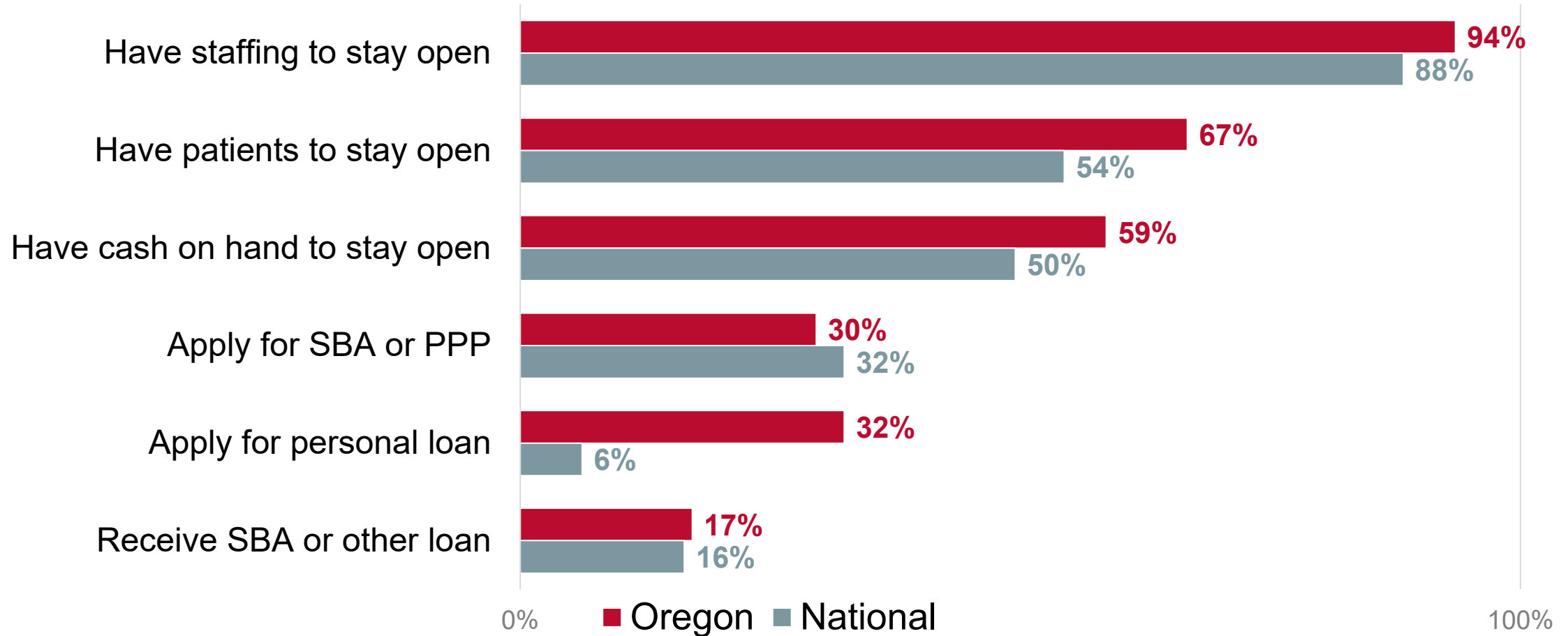
MEETING PATIENT NEEDS

Due to COVID-19, are you currently able to...



FINANCIAL CONSIDERATIONS

For the next four weeks, are you likely to...



Opportunity 1: Share successes, challenges, and priority needs related to digitally augmented care in a socially distanced world

Focused inquiry to: Understand care delivery mechanisms, processes, and role changes during Covid-19, and priority concerns for future care delivery in rural Oregon

Who: Rural clinic managers, providers, nurses, and ancillary staff representing a range of telehealth capabilities (none to rapid ramp)

What: 30 – 45 minute remote interviews

When: May 7 – 29, 2020

Contact: Dana Womack, PhD, RN at womacda@ohsu.edu 703-728-2593

Opportunity 2: Respond to Wave 9 Quick COVID-19 Primary Care Survey

Last week's survey (wave 8) preliminary qualitative themes: exhaustion, burnout, and that nobody cares.

Tomorrow's survey (wave 9) results will be sent directly to Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer.

→ Look for the invitation by email or check the Green Center Website

We care. We're trying. We thank you.



Surviving after shutdown – Practice sustainability during COVID-19

May 7, 2020
Bryan Boehringer, CEO
OR COVID-19 Response ECHO session 8

Oregon Medical Association
The Voice for Better Medicine in Oregon



COVID-19 Early Timeline

February 26 – (*72 days ago*) OMA begins work on a resource page

February 28 – Oregon announces first presumptive COVID-19 case

March 9 – OMA shifts to full-time work on COVID-19 response

COVID-19 OMA Update

How can we help Oregon's providers?

- PPE for the Frontlines
- Aggressive Social Distancing - Stay at Home - Flatten the Curve
- Payment Parity for Telehealth
- Develop and Communicate Guidance, Best Practices, etc.
- Financial assistance for practices

COVID-19 OMA Update

Today, some of the most urgent requests remain

- Frontline resources and pandemic policy
- Financial Sustainability and Restart
- Reimbursement issues
- Liability protection for providers

COVID-19 OMA Update

Front line resources and pandemic policy

- Surge planning and system capacity
 - PPE prioritization and planning
- Bending the curve – aggressive social distancing
- Transitioning from surge to reopening
 - Non-urgent/emergent Restart
 - PPE beyond the frontlines
 - Testing and surveillance

COVID-19 OMA Update

Financial Sustainability for practices and Restart

- Federal Stimulus (CARES Act, Paycheck Protection Program and Health Care Protection Act)
- State Requests
- Restart of non-urgent and emergent services

COVID-19 OMA Update

Financial Sustainability for practices and Restart

- \$2 Trillion Coronavirus Aid, Relief and Economic Security (CARES) Act
 - Paycheck Protection Program for employers
 - Small Business Administration Grants and Loan Programs
 - Provider Relief Fund of \$100 Billion
 - \$50 B has been distributed to hospital and providers (based on Medicare)
 - Provider Relief Fund Application Portal Available

COVID-19 OMA Update

Financial Sustainability for practices and Restart

- \$2 Trillion Coronavirus Aid, Relief and Economic Security (CARES) Act
 - \$90 B expedited drug approval, vaccine and treatment access
 - Medicare Advance Payment Program - Suspended
 - Telehealth provisions to expand use
 - \$16 B for National Stockpile of PPE

COVID-19 OMA Update

Financial Sustainability for practices and Restart

- Paycheck Protection Program and Health Care Protection Act
 - \$484 B to replenish funds from programs within the CARES Act
 - \$321 B for PPP with a set aside for minority owned small business
 - \$75 B additional funding to the provider relief fund
 - \$25 B for testing

COVID-19 OMA Update

Financial Sustainability for practices and Restart

165 rural entities in Oregon will get \$172 million

- Rural Hospitals (CAH and general acute care hospital)
 - Base payment of \$1 million + 4% of their operating expenses
- Rural Health Clinics (RHC)
 - Base payment of \$100,000 + 4% of their operating expenses
- Community Health Clinics
 - Base payment of \$100,000

COVID-19 OMA Update

Financial Sustainability for practices and Restart

- Future COVID Congressional Response
 - Provider Relief Additional Funding
 - Restart of Advance Payments
 - Telemedicine Payment Parity (ERISA plan)
 - Provider Liability Protections

COVID-19 OMA Update

Other federal asks:

- MACRA:
 - Congress must reconsider the 6-year gap on annual updates for Medicare Physician Fee Schedule
 - Must consider increasing Medicaid rates as we will eventually see more patients on Medicaid than commercial plans

COVID-19 OMA Update

Financial Sustainability for practices and Restart

- State Response and Requests
 - E-Board allocated \$5 M to COVID response in February and \$32 M in April
 - Special Committee on Coronavirus Response
 - Special Session

COVID-19 OMA Update

Financial Sustainability for practices and Restart

- State Response and Requests
 - Corporate Activity Tax (CAT) Relief
 - Raised quarterly payment threshold to 10K
 - No penalties for underestimated payments due to documented COVID-19 impacts
 - Paycheck Protection Program (PPP) loans, Economic Injury Disaster Loan (EIDL) advances, and Small Business Administration (SBA) loan subsidies not counted as CAT revenue

COVID-19 OMA Update

Financial Sustainability for practices and Restart

Non-urgent/emergent procedures restart May 1 – Follow OHA Guidance

- Adequate PPE
- Plan for strict infection control and screening
- Plan for measured resumption of services
- Plan for COVID-19 resurgence
- Definition of “threat of irreversible harm”
- Document everything

COVID-19 OMA Update

Reimbursement Issues

- Adequate grace periods
- Coverage of COVID-19 related testing and treatment
- Telehealth - All services that can be pushed to telehealth should be reimbursed at the same rate for in person visits during COVID-19

COVID-19 OMA Update

Medicare Telehealth

- Lifted restrictions
- Key changes to payment policies
- Expanded access and services
- Prescribing Controlled substances
- Technology flexibility

Medicaid Telehealth

- OHA coverage
 - Expands coverage to face-to-face rates
 - Allows services from any setting
 - Services to new patients
- Audio-only services

COVID-19 OMA Update

Telehealth for Oregon's Commercial Insurers

- The state *ENCOURAGES*:
 - Reimbursement for telehealth mirror in-person visits
 - Coverage for telephone
 - Waive requirements for prior patient physician relationships
 - Services from any setting
- Seeing most insurers pay reimbursement as in-person visits

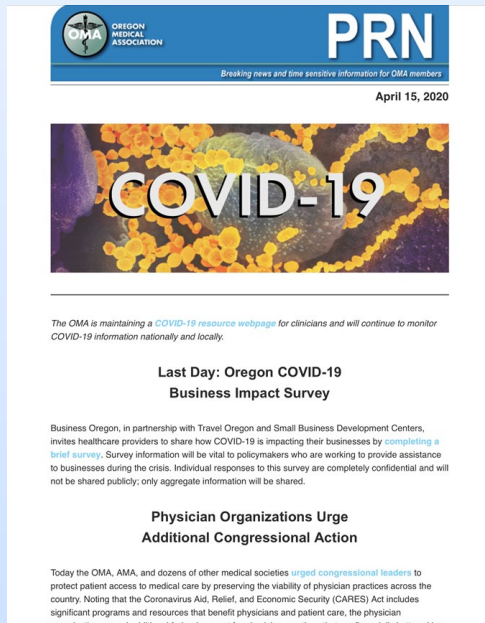
Other telehealth considerations

- Grant funding available
- Coding

COVID-19 OMA Update

Liability

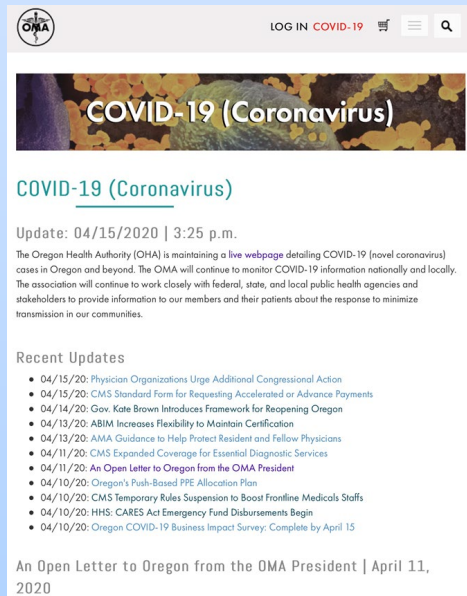
- Critical Care Decisions
- Prioritizing urgent and emergent
- Request for Governor's Executive Order (EO)
- Possible Legislative Request



COVID-19 OMA Update

OMA Communications

- Daily PRN email
- Member casework
- Listening Sessions
- www.theOMA.org/COVID19

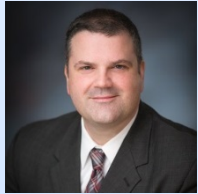


OMA COVID-19 Online Resources

www.theOMA.org/COVID19

- Statewide Announcements, Rules, and Orders
- Clinical Guidance and Treatment Resources
- Telehealth and Reimbursement Resources
- Healthcare Business Resources
- Learning resources such as webinars and articles
- Volunteer opportunities
- Wellness Information
- Sourced from trusted parties such as the OHA, AMA, CDC, and CMS
- Updated at least four times per week

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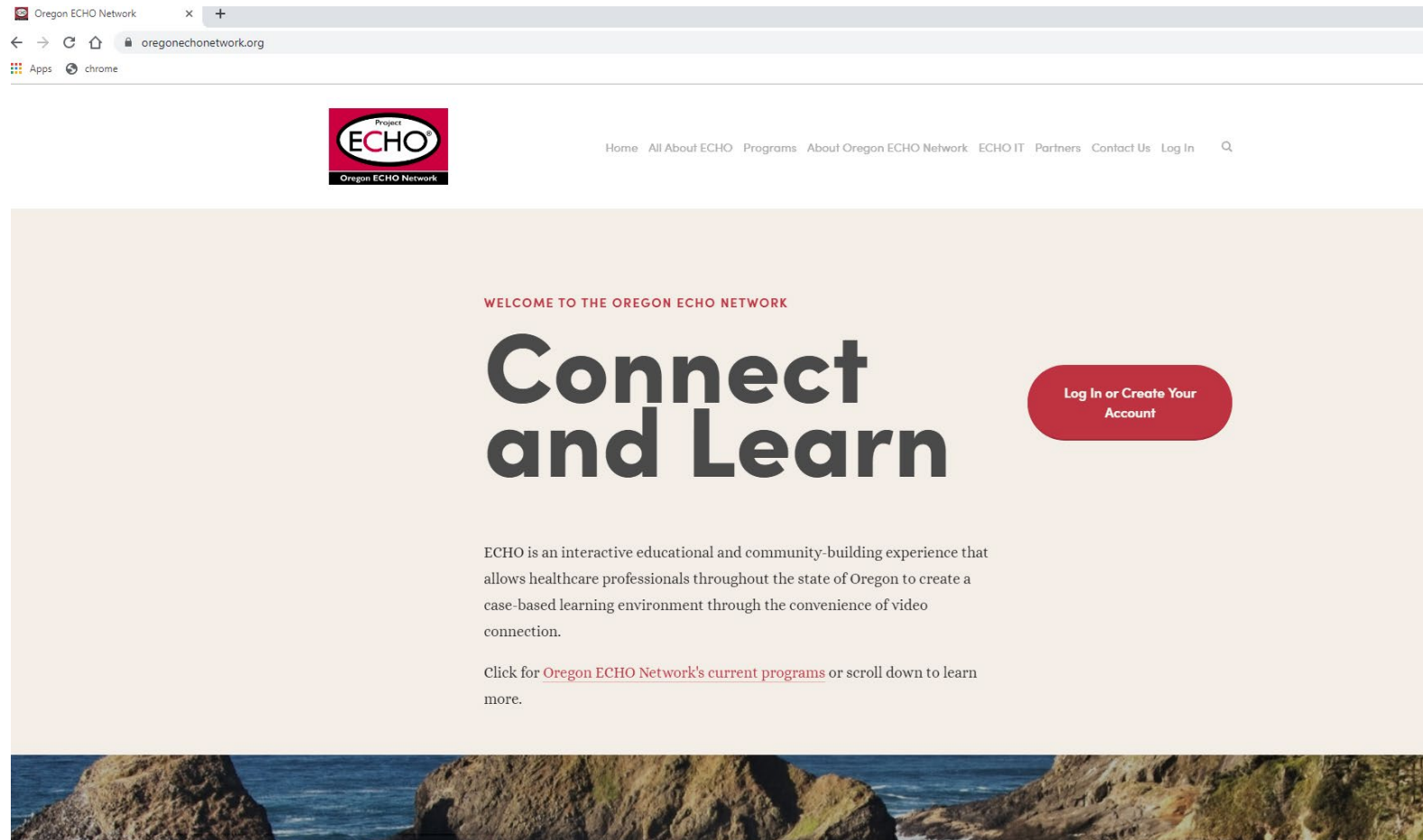
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“All Teach, All Learn”

- Clinicians learn from specialists
- Clinicians learn from each other
- Specialists learn from practicing clinicians