Special

Oregon COVID-19 Response for Clinicians

Session 8  May 7, 2020
## Resources located in the ECHO Portal (connect.oregonechonetwork.org):

<table>
<thead>
<tr>
<th>WHEN IT STARTS</th>
<th>WHEN IT ENDS</th>
<th>LINK TO PARTICIPATE</th>
<th>LINK TO COHORTS</th>
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<tbody>
<tr>
<td>3/19/2020</td>
<td></td>
<td>Navigate to ECHO</td>
<td>View Cohort Roster</td>
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</table>

### SUMMARY OF EACH SESSION

<table>
<thead>
<tr>
<th>SESSION/TITLE</th>
<th>DATE/TIME</th>
<th>PRESENTER</th>
<th>RELATED RESOURCES</th>
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<tr>
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<td>Telehealth guidance from OHA and DCBS</td>
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<td>FAQ: Answers from OHSU School of Medicine [view notes]</td>
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<td>Patient resources for Anxiety and Loneliness</td>
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<td>De-escalation of Physical Distancing in AC</td>
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<td>Outpatient COVID 19 Reference Guide</td>
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<td>1 - Session 1</td>
<td>3/19/2020 12:00:00 PM</td>
<td>Laura Byerly</td>
<td>COVID-19 Response for Clinicians ECHO</td>
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<td>Audio Recording COVID-19 Response ECHO Session 1 [view notes]</td>
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<td>Session 1 Chat Box</td>
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<tr>
<td></td>
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<td>Executive Summary of COVID-19 Chat Box Questions</td>
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<td>Video Link for Session 1</td>
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<td>2 - Session 2</td>
<td>3/26/2020 12:00:00 PM</td>
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<td>Updated Resources for COVID-19 Response</td>
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<td>Session 2 Chat Box</td>
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<tr>
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<td>Session 2 Exec Summary of Chat Box</td>
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Special COVID-19 ECHO Series Goals

1. Provide the latest information on the COVID-19 pandemic and its 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
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

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>1</td>
<td>12</td>
<td>35</td>
<td>66</td>
<td>348</td>
<td>437</td>
<td>472</td>
<td>414</td>
<td>392</td>
<td>402</td>
<td>2,579</td>
</tr>
<tr>
<td>Negative</td>
<td>3</td>
<td>122</td>
<td>466</td>
<td>1,460</td>
<td>7,050</td>
<td>7,434</td>
<td>9,318</td>
<td>8,683</td>
<td>8,779</td>
<td>12,282</td>
<td>55,597</td>
</tr>
<tr>
<td>Total results</td>
<td>4</td>
<td>134</td>
<td>501</td>
<td>1,526</td>
<td>7,398</td>
<td>7,871</td>
<td>9,790</td>
<td>9,097</td>
<td>9,171</td>
<td>12,684</td>
<td>58,176</td>
</tr>
<tr>
<td>% positive</td>
<td>25.0%</td>
<td>9.0%</td>
<td>7.0%</td>
<td>4.3%</td>
<td>4.7%</td>
<td>5.6%</td>
<td>4.8%</td>
<td>4.6%</td>
<td>4.3%</td>
<td>3.2%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>
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.‡

<table>
<thead>
<tr>
<th>Total Cases</th>
<th>Hospitalized</th>
<th>Not Hospitalized</th>
<th>Hospitalization Status Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,916</td>
<td>641</td>
<td>2,088</td>
<td>187</td>
</tr>
</tbody>
</table>

*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)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>Unknown</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Symptoms</td>
<td>85.9%</td>
<td>14.8%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Cough</td>
<td>68.5%</td>
<td>28.0%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Muscle aches</td>
<td>47.4%</td>
<td>20.5%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Fever &gt; 100°F</td>
<td>46.6%</td>
<td>21.0%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Headache</td>
<td>46.0%</td>
<td>28.1%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>41.2%</td>
<td>28.1%</td>
<td>30.7%</td>
</tr>
<tr>
<td>Chills</td>
<td>41.4%</td>
<td>23.4%</td>
<td>35.2%</td>
</tr>
<tr>
<td>Sore throat</td>
<td>33.6%</td>
<td>21.0%</td>
<td>45.4%</td>
</tr>
<tr>
<td>Runny nose</td>
<td>28.5%</td>
<td>29.0%</td>
<td>42.5%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>26.6%</td>
<td>23.4%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Nausea</td>
<td>26.6%</td>
<td>24.0%</td>
<td>51.4%</td>
</tr>
<tr>
<td>Loss of smell</td>
<td>25.7%</td>
<td>21.7%</td>
<td>52.6%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>16.3%</td>
<td>19.7%</td>
<td>64.0%</td>
</tr>
<tr>
<td>Abnormal chest x-ray</td>
<td>14.3%</td>
<td>33.2%</td>
<td>52.5%</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>14.0%</td>
<td>29.3%</td>
<td>56.6%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>10.4%</td>
<td>20.6%</td>
<td>69.0%</td>
</tr>
<tr>
<td>ARDS</td>
<td>4.1%</td>
<td>26.3%</td>
<td>71.6%</td>
</tr>
<tr>
<td>Mechanical ventilation</td>
<td>4.4%</td>
<td>19.2%</td>
<td>75.6%</td>
</tr>
</tbody>
</table>
# 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)

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

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

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

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Case count</th>
<th>% of total cases</th>
<th>Cases per 10,000&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Deaths</th>
<th>Hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>797</td>
<td>29.1%</td>
<td>14.3</td>
<td>7</td>
<td>135</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>1641</td>
<td>59.8%</td>
<td>4.5</td>
<td>88</td>
<td>435</td>
</tr>
<tr>
<td>Not available</td>
<td>304</td>
<td>11.1%</td>
<td>n/a</td>
<td>14</td>
<td>38</td>
</tr>
<tr>
<td>Total</td>
<td>2742</td>
<td>100.0%</td>
<td>6.5</td>
<td>109</td>
<td>608</td>
</tr>
</tbody>
</table>

## Current COVID-19 Hospitalizations - May 6, 2020

<table>
<thead>
<tr>
<th></th>
<th>Currently Hospitalized COVID-19 Patients*</th>
<th>Currently Hospitalized COVID-19 Positive Patients**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalized COVID-19 Patients</td>
<td>191</td>
<td>91</td>
</tr>
<tr>
<td>COVID-19 Patients in ICU Beds</td>
<td>47</td>
<td>26</td>
</tr>
<tr>
<td>COVID-19 Patients on Ventilators</td>
<td>20</td>
<td>15</td>
</tr>
</tbody>
</table>

*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
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
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

- 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 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.
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.
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.
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
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
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 or 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@dhsoha.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

https://www.green-center.org/
Testing capacity is flat, but Oregon is ahead.
More than ¾ 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.

- In-person: 23% A lot (>50%), 55% A little (<20%), 15% Not happening
- Video: 29% A lot (>50%), 26% A little (<20%), 33% Not happening
- Telephone: 29% A lot (>50%), 20% A little (<20%), 46% Not happening
- E-visit: 14% A lot (>50%), 22% A little (<20%), 12% Not happening
MEETING PATIENT NEEDS

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

Address chronic care needs
- Oregon: 15.6%
- National: 21.2%

Address preventive care needs
- Oregon: 10.2%
- National: 12.40%
FINANCIAL CONSIDERATIONS

For the next four weeks, are you likely to…

- Have staffing to stay open: Oregon 94%, National 88%
- Have patients to stay open: Oregon 67%, National 54%
- Have cash on hand to stay open: Oregon 59%, National 50%
- Apply for SBA or PPP: Oregon 30%, National 32%
- Apply for personal loan: Oregon 32%, National 6%
- Receive SBA or other loan: Oregon 17%, National 16%
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
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](http://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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Welcome to the Oregon ECHO Network

Connect and Learn

ECHO is an interactive educational and community-building experience that allows healthcare professionals throughout the state of Oregon to create a case-based learning environment through the convenience of video connection.

Click for Oregon ECHO Network's current programs or scroll down to learn more.
“All Teach, All Learn”

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