



This daily summary is designed to be your one-stop-shop for information and reduce the number of emails you receive from IHA. Please make sure to check the action needed section each day. If you'd like others on your staff to be included, please send their names and email addresses to doakes@teamiha.org or forward them this notice and have them click the button at the end.

Thanks for all you are doing!

Governor's Work Group Update

Governor Brad Little and his Coronavirus Working Group started their meeting today with a White House call with all the Governors. The White House has extended social distancing guidelines until the end of April, and the Governor will consider extending Idaho's stay-home order to coincide with the White House's action.

The White House referenced an updated study from The Institute for Health Metrics and Evaluation (IHME) which has [produced forecasts for COVID-19 hospital needs and death projections for all 50 states](#). The data modeling is based on various factors such as observed death rate, protective measures such as social distancing, etc. The data are updated daily.

In a report from the State Epidemiologist, the number of Idaho COVID-19 cases is doubling about every six days. Some states are reporting a doubling of cases every day or every day-and-a-half, so the social distancing measures and the efforts in Idaho to flatten the curve have had a positive effect. The Governor, however, continued to stress the need for vigilance by all Idahoans in following that guidance.

The Governor's Working group is focused on what we see as four significant pressure points in dealing with coronavirus:

1. testing capacity
2. PPE
3. hospital capacity
4. long-term care facilities

With regard to testing, capabilities are ramping up across the state. The Governor's Working Group is trying to encourage vendors to supply our members with the testing kits needed to utilize some of the equipment we have around the state. Some of you have asked about whether the Governor or Working Group was mandating more drive through testing capabilities. More testing gives us a better understanding of the spread and potential surge of this virus, but the Working Group is not recommending a testing mandate from the Governor. They will continue to encourage testing to be as plentiful and available as possible – if resources allow it from a PPE and staffing perspective.

PPE continues to be in short supply, although additional shipments are arriving. In the White House call, it was clear that the Federal government wants providers to work with vendors as much as possible to get the supplies they need. The Working Group inferred that to mean that the Strategic National Stockpile may not have the resources to continue to supply the PPE needs around the country. So, the Governor's Working Group is encouraging providers to preserve and/or appropriately extend the life of all PPE.

The Governor is very concerned about the potential surge capacity by hospital and by region. Work is underway to develop those plans for each of our three regions in Idaho. First, we need good assumptions and data to build those plans – and the state is working with all three of Idaho's universities to do some predictive modeling. The Working Group will have an opportunity to review those assumptions later this week.

Finally, we have heard concerns in other states about the challenges of discharging patients to long-term care facilities. The Governor put a strike team together to address that issue before it becomes a challenge in Idaho. Their recommendations will include utilizing other suitable facilities across the state to discharge patients who no longer need hospitalization, but the long-term care facility may not want to take back those patients until they are sure there is no threat of spreading the virus.

~Brian Whitlock, President/CEO

Reimbursement & Policy

Federal data reporting mandate

The Federal Government has shifted its strategy on data collection. A letter from Vice President Pence sent to all hospitals is asking for [daily data submissions](#) directly to the National Healthcare Safety Network (NHSN).

The Governor and the Working Group are concerned that the number of data requests for hospitals to report data is distracting from the work you are trying to do in the field. However, we absolutely need to be responsive to this request from the Vice President. That will help in the Federal government's planning, and it will help as federal assistance starts to flow. We'd also ask you to **continue to respond to the Idaho RTS queries** (even though it is duplicative of the data you will provide through the National Healthcare Safety Network system). Here's what the Vice President is asking:

- COVID-19 Test Result Reporting of all testing performed at "in house" laboratories [utilizing this spreadsheet](#) by 3pm MT each day. If your hospital's COVID testing is sent out to private or commercial labs, you do not need to report.
- **NHSN COVID-19 Module** will be the reporting mechanism for all hospitals. All hospitals are being asked to report daily. For those that currently use NHSN, the CDC sent an email with [additional instructions](#) on how to enter this new data. For those that do not report through NHSN, CMS will hold a webinar tomorrow on using this reporting module (see Virtual Meetings, Education & Updates below).

Please use the links for additional details. This data will help the government fully understand disease patterns and develop policies for prevention and control of health problems related to COVID-19.

Hospital-specific waiver information

As many of our member hospitals are contemplating, or have already requested hospital specific waivers, we would like to share the latest CMS release - [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#) - which was issued this afternoon.

Funding provisions for hospitals

AHA released [information on two elements](#) of the Coronavirus Aid, Relief and Economic Security (CARES) Act which authorized \$2.2 trillion in spending to help individuals, businesses and the healthcare system during the pandemic.

While it includes several new payment mechanisms for health care providers, such as the opportunity for accelerated and periodic interim payments under the Medicare program and a dedicated \$100 billion to an emergency fund for the Department of Health and Human Services, there are also [provisions for businesses and employers that may help hospitals](#).

The Small Business Administration (SBA) Loans via the "Paycheck Protection Program" is targeted to both for-profit and nonprofit organizations (public/governmental entities do not qualify) with fewer than 500 employees and is intended to help businesses maintain their workforce through the economic downturn. Hospitals that meet all of the eligibility criteria may access funds to pay salaries and benefits, among other uses. Under certain circumstances, these loans (or a portion of them) may be forgiven.

Additionally, employers may delay payment of the employer share of the Social Security portion of the Federal Insurance Contributions Act (FICA). This payroll tax delay essentially functions as an interest-free loan for nine months, which would need to be repaid over the next two years – 50% each year for 2021 and 2022. Nearly all hospitals and health systems would be eligible for these delayed payments unless they had received and had forgiven a small business loan under the Paycheck Protection Program.

Additional information about other business loans through the Federal Reserve is expected in the coming days.

Resources & Equipment

Telehealth regulation resource

Northwest Regional Telehealth Resource Center (NRTRC) is offering "office hours" every Friday which is an opportunity to ask questions and hear the latest about the changing landscape of telehealth during the COVID-19 pandemic. Several federal and state agencies have relaxed regulations to facilitate the delivery of telehealth. NRTRC has compiled a guide containing updates to policies and helpful resources all in one location. For more information, visit <https://nrtrc.org/covid-19>.

Virtual Meetings, Education & Updates

NHSN Patient Impact and Hospital Capacity Reporting

Tuesday, March 31 at 12p MT / 11a PAC

To join, click: <http://www.ustream.tv/channel/VWBXKBR8af4external> icon

Please note that links are available only during the date and time of the event.

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