

COVID-19 Report to Members ~ June 18, 2020

Reports will now be sent on Mondays and Thursdays, unless there's breaking news.



Telehealth funding in jeopardy

The Idaho Department of Commerce is taking public comment on its proposal to award up to \$50 million in CARES Act funding for broadband development across the state. The purpose of the program includes creating and retaining jobs that "result in purposeful outcomes" for telehealth and other state priorities.

After reviewing the [draft application](#), it appears there will need to be a lot of changes made to the application for Idaho hospitals or clinics to utilize any of the broadband grants for telehealth.

Currently, successful projects must meet the following criteria:

- 1. Be infrastructure investment and associated equipment related to broadband as defined by the FCC: speeds of 25 Mbps download and 3 Mbps upload.
- 2. Meet the CARES Act criteria, which is designed to address key areas of public health and safety by improving opportunities to telework, facilitate distance learning, and improve public safety.
- 3. Be a project that does not overbuild existing broadband service. Underbuilt areas are defined as locations where less than fifty percent (50%) of households in the project area have access to Broadband service.
- 4. Include only new broadband service, installed, owned, and operated by for-profit companies and not the applicant.
- 5. Provide broadband service within the applicant's proposed project area.
- 6. Be completed, operable, paid for, and submitted to Idaho Department of Commerce for payment no later than December 15, 2020.
- 7. Include broadband infrastructure and equipment costs meeting CARES Act criteria. Satellite service is not eligible for grant award.

In approving the Broadband grant program, the Governor's Coronavirus Financial Advisory Committee supported broadening the eligibility for grant funding and eliminated the requirement for a private match. In releasing the draft application for comment this week, the Department of Commerce has restricted awardees to only local, Tribal or state governments. It is unclear whether a city or a county could apply on behalf of their community hospital or clinics to expand telehealth capacity.

[IHA has submitted comments](#) but is also encouraging hospitals to review the application and submit comments as well. The public comment period closes at 5pm Friday, June 19, and the Department of Commerce hopes to begin accepting applications on Tuesday, June 23. Comments urging changes to the application and granting process should be sent by tomorrow afternoon to: broadband@commerce.idaho.gov.

Reimbursement & Policy

Regence Blue Shield sees 4900% increase in telehealth use

Coronavirus has changed our world in many ways – including the delivery of healthcare services. This week, Regence Blue Shield [announced](#) that after COVID-19 hit, they "collaborated with providers and rapidly pivoted to meet increased member demand for telehealth and virtual care solutions..." The result was an increase in telehealth utilization of 4900% over the same period last year.

"IHA applauds the efforts of our commercial and government insurance carriers to recognize the importance of telehealth – especially in the face of a global pandemic," said Brian Whitlock, IHA President & CEO. "For too long, carriers and providers have debated 'If we build it, and figure out a way to pay for it, will they come?' Coronavirus has shown us not only will our patients and the insurance company's members utilize telehealth, but they will demand it and other virtual care solutions."

Regence indicated 85% of their members receiving mental health services were able to continue those services virtually during the pandemic. That success and overall utilization of telehealth has prompted the carrier to continue paying telehealth services at in-person rates through the end of 2020.

HHS clarifies relief fund reporting requirements

Over the last few weeks, HHS has updated the [FAQs on the CARES Act relief funding](#). One clarification made last week alleviates the need for providers to submit quarterly reports to HHS, although other reports may be requested.

HHS is using the [Tracking Accountability in Government Grants System](#) to document the providers and amounts in relief funds they've received, which will fulfill the quarterly reporting requirement. The funding included on the site at this point includes:

- General Distribution
- High Impact Targeted Allocation
- Rural Targeted Allocation
- Skilled Nursing Facility Targeted Allocation
- Paycheck Protection Program
- Health Care Enhancement Act

Additionally, HHS is working with the Department of Treasury to post each provider's total relief funding payments on [USA Spending](#).

Forgiveness application for PPP loans simplified

This week, the SBA released a revised [loan forgiveness application](#) for those who received funding through the Paycheck Protection Program. The new form reflects [changes](#) made to the program earlier this month, which included extending both the loan term and the coverage period; increasing the spending limit for non-payroll costs; and extending the rehiring deadline.

Some borrowers might be able to use the new [EZ application](#) if they meet one of these criteria:

- Are self-employed and have no employees; OR
- Did not reduce the salaries or wages of their employees by more than 25%, and did not reduce the number or hours of their employees; OR
- Experienced reductions in business activity as a result of health directives related to COVID-19, and did not reduce the salaries or wages of their employees by more than 25%.

Quality & Patient Safety

Study shows dexamethasone reduces mortality

Dexamethasone reduces mortality by up to 33% in hospitalized COVID-19 patients with severe respiratory complications

"The survival benefit [from dexamethasone] is clear and large in those patients who are sick enough to require oxygen treatment, so dexamethasone should now become standard of care in these patients. Dexamethasone is inexpensive, on the shelf, and can be used immediately to save lives worldwide."

~Peter Horby, Randomised Evaluation of COVID-19 thERapY (RECOVERY) trial co-investigator and Professor of Emerging Infectious Diseases in the Nuffield Department of Medicine, University of Oxford

On June 8th, University of Oxford-based RECOVERY trial investigators identified a clear benefit to patients receiving dexamethasone therapy. Preliminary results indicated that treatment with dexamethasone reduced deaths by 35% in ventilated patients, and by 20% in patients receiving oxygen only.

Investigators only found a dexamethasone benefit in patients with severe respiratory complications, and not among those patients who did not require respiratory support.

The steroid dexamethasone has been used since the 1960s as an anti-inflammatory agent for a range of conditions; dexamethasone has been on the WHO Model List of Essential Medicines since 1977 and is currently widely available in generic formulations.

The RECOVERY trial began in March 2020, with the aim of testing a range of potential COVID-19 therapies. Over 11,500 patients have been enrolled in the United Kingdom. Full analyses of the effect of dexamethasone therapy in RECOVERY COVID-19 patients will be available shortly.

More information can be found in the video below or via the following:

- [Low-cost dexamethasone reduces death by up to one third in hospitalised patients with severe respiratory complications of COVID-19](#)
- [WHO welcomes preliminary results about dexamethasone use in treating critically ill COVID-19 patients](#)
- [This national clinical trial aims to identify treatments that may be beneficial for people hospitalised with suspected or confirmed COVID-19](#)



Participant follow-up

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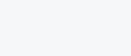
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