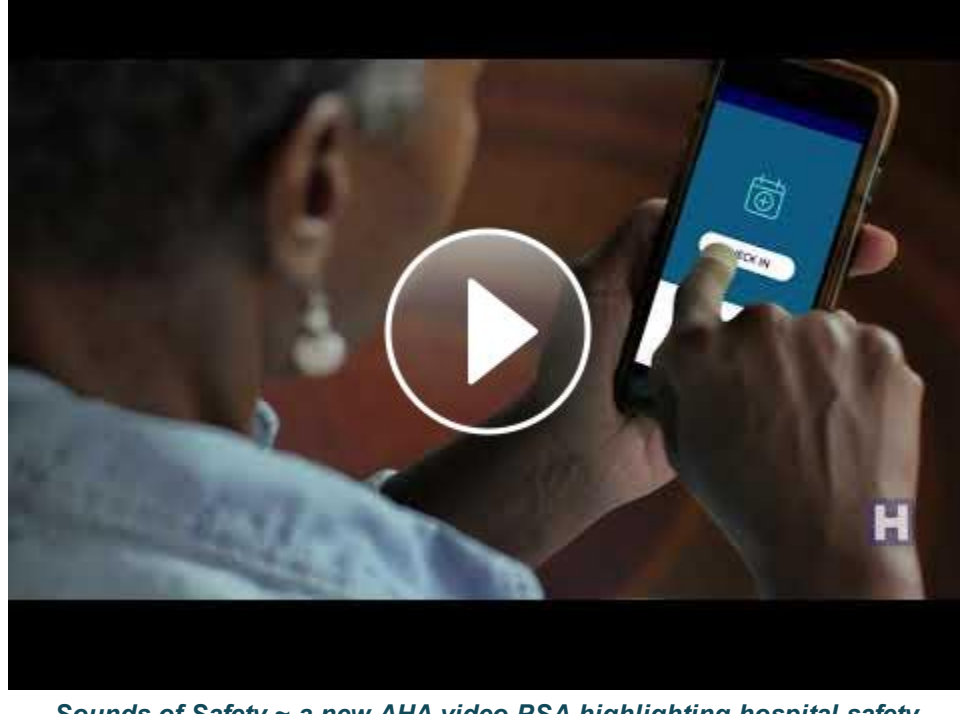


COVID-19 Report to Members ~ October 15, 2020

Reports are sent on Mondays and Thursdays, unless there's breaking news.



Sounds of Safety ~ a new AHA video PSA highlighting hospital safety.

**"Folks, it's all about personal responsibility"**

In his 29th COVID press conference from the Statehouse, Governor Little and his pandemic advisors announced that Idaho would continue in Stage 4 as it has since June 13. Not surprising, considering the spike in cases we're experiencing, and hospital capacity remains a concern for not only the Governor but hospital leaders across the state.

Dr. Christine Hahn, Idaho's state epidemiologist, noted that Idaho ranks **7th in the nation** for most cases per day per 100,000 people.

The Governor reiterated the direct correlation between Idahoans' personal actions and healthcare capacity, the ability of schools to have in-person education, and our state's continued prosperity. In short, he noted "folks, it's all about personal responsibility."

"Hospitals throughout the region are experiencing the highest number of hospitalizations due to COVID-19 ever seen throughout the pandemic," said Governor Little. "This is placing a significant strain on hospital resources. Healthcare workers are the most valuable asset in the healthcare system, even more so than bed availability. We are asking our communities to practice the personal responsibility behaviors that science has indicated will reduce the spread of COVID-19, as well as other infectious illnesses such as influenza. The choices our residents make have a direct impact on whether we have the human resources necessary to care for our community."

Jordan Herget, CEO for Portneuf Medical Center in Pocatello, shared some additional information from Eastern Idaho where case counts and hospitalizations have been on the rise for the past few weeks. He noted that the hospital's ICU is normally at 65-85% capacity; however with the significant community spread that is occurring this capacity is jeopardized.



From left ~ Dr. Christine Hahn, Jordan Herget, and Governor Brad Little

**Reimbursement & Policy**

**HHS reverses course on use of provider relief funds**

Recently, HHS clarified that provider relief funds cannot be used to repay CMS advanced and accelerated payments. This was mis-stated in the original release CMS sent out last week detailing new repayment and terms for the advance and accelerated payments. In the FAQ, it was stated that using relief funds in this manner was "not a permissible use of Provider Relief Fund payments." For additional information on the new repayment terms, please see this [AHA Special Bulletin](#).

**CMS adds more services for telehealth reimbursement**

Yesterday, CMS provided an updated list of services that Medicare will pay for during the public health emergency. Effective immediately, **11 additional telehealth services**, including certain cardiac rehabilitation and monitoring, are among those items covered by Medicare.

Included in the CMS release was a [data snapshot](#) that showed more than 34 million Medicaid and CHIP telehealth visits have accrued between March and June - an increase of more than 2,600% over the same time last year.

**Quality & Patient Safety**

**Idaho reaches milestone of 50,000 COVID-19 cases**

Today, the total number of confirmed and probable COVID-19 cases in Idaho topped 50,000. This sobering milestone presents an opportunity to reflect on what is known about SARS-CoV-2 and provide an update on efforts to develop safe and effective vaccines. The IHA COVID Update has previously provided in-depth information about each of these topics.

- SARS-CoV-2 is transmitted primarily through close contact via larger droplets and aerosols and also through longer-range aerosols where ventilation is poor.
- The case-fatality rate is many times higher than seasonal influenza and infection can lead to long-term illness (i.e. long COVID) and syndromes (e.g. MIS-C), including in healthy young people.
- It is unknown how long protective immunity lasts, and there are increasing anecdotal reports of second infections, but the population frequency of secondary infection is at present unknown.
- Physical distancing, wearing face coverings, proper hygiene, and basic public health strategies including testing, contact tracing, and isolation are effective mitigation strategies.

Since schools and universities opened in Idaho this fall, we have experienced large outbreaks and high infection rates among younger persons, especially in the age group 18-21. This increased transmission in younger ages has spilled over into older age groups at higher risk for severe morbidity and mortality.

A second wave of COVID-19 is occurring in many areas of the U.S., including Idaho, and in many European counties, and strong measures including curfews and partial business closures are being re-instituted in many European cities. These efforts to control community spread are the chief means of interrupting transmission and protecting societies until the arrival of safe and effective vaccines and improved treatment regimens.

The current wave is impacting Idaho's hospital capacity. As of October 14, 210 confirmed or suspected COVID-19 patients were hospitalized in Idaho. The five-day average of 203 represents a nearly 50% increase in the median 139 COVID-19 patients being cared for in an Idaho facility daily over the month of September. The number of COVID-19 ICU patients is also increasing – from a median of 40 at the beginning of October to 49 for the past two weeks.

Implicitly included in these counts is the burden on staff and resources required to care for these patients. A review of 52 studies [evaluating length of stay](#) for these patients found that median lengths of hospital stay for patients outside of China ranged from 4 to 21 days; for patients in the ICU, median length of stay ranged from 4 to 19 days.

Healthcare workers might be particularly vulnerable to [psychosocial distress](#) during the pandemic, as they navigate minimizing risk to themselves and their loved ones while caring for patients under extraordinary conditions. As of yesterday, over 3,200 healthcare workers have been infected.

While Idaho's official death toll due to COVID-19 was 516 as of October 14, studies of overall excess mortality suggest COVID-19 is [exacting a higher toll in Idaho](#), and the U.S. For example, as of September 12, Idaho had 416 reported COVID-19 deaths, but had a total of 700 excess deaths (11% increase) since March 15 compared with the past three years and accounting for population increase.

Worldwide, more than 40 vaccine candidates are in human clinical trials, with 11 vaccines in Phase 3 testing. There are now eight vaccine studies with U.S. federal funding and [24 vaccine studies](#) accruing patients in the U.S. Of the four vaccines in Phase 3 studies in the U.S., the ones by Johnson & Johnson and AstraZeneca have been paused to investigate potential adverse reactions in volunteers. The AstraZeneca trial resumed within a week globally but is still paused in the U.S. pending FDA investigation. An additional Phase 3 study by Novavax is expected to begin in the U.S. this month, following earlier accrual in the United Kingdom. It is expected that results may be available from the U.S. Phase 3 trials by early 2021. China and Russia have already approved vaccines without waiting for the results of Phase 3 trials, actions that concern vaccine experts due to serious risks.

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