

# Keeping up with COVID-19

## Webinar Series

### Q&A

July 16, 2020

## COVID-19 Continues: Reopening Health Care During the Public Health Emergency

**Q. If we do, in fact, see the surges materialize and continue to increase, what is the biggest challenge(s) that hospitals will see?**

**A.** CMS' phased reopening recommendations require consistent monitoring of the trajectory of positive COVID-19 cases, as well as the signs and symptoms of COVID-19 and that reopening of non-emergent, non-COVID-19 related care response to the trajectory. Health care organizations will have to develop a re-opening plan that can flex with the changing environment.

Health care organizations must also be able to defend the re-opening plan on a clinical basis and support that the non-emergent, non-COVID-19 care is necessary in order to limit the true "second-wave" of COVID-19-related medical impact which will come as a result of patients not receiving care for chronic diseases and other health screenings.

**Q. Realizing each region is having a different result with COVID-19, what do you anticipate the surges to be over the next few months?**

**A.** States and regions that had some of the earliest re-openings are already experiencing surges. The extent of the surges will depend upon compliance with CDC guidelines related to hand hygiene and social distancing.

**Q. Are there three top considerations that you think hospitals should look at or implement to help with these newest surges?**

**A.** The three top considerations are as follows:

- ✓ The demographic that is experiencing the surges. Younger, healthier populations will not likely require

hospitalization and have as much of an impact on hospital operations.

- ✓ Availability of COVID-19 tests and the timeliness of results.
- ✓ How to best defend and promote the importance of the non-emergent, non-COVID-19 care being provided from a clinical rather than financial standpoint.

**Q. What is the best way that organizations can prepare to combat an increase in patients at the hospitals? Realizing they must treat COVID-19 patients and other procedures, how can these be handled to avoid getting shut down again?**

Re-opening plans must include the provision of care in separate areas for COVID-19 and non-COVID-19 care. Preparing for this as part of the re-opening is necessary from not only a regulatory and public health standpoint, but public perception.

Prepare data showing the importance of the non-emergent, non-COVID-19 care. This is, for the most part, not "elective" care. Providing only COVID-19-based care neglects the patients with other chronic medical conditions and diseases that are leading causes of death worldwide; including, heart disease, cancer and stroke.

**Q. Are the percentages of people struggling with obesity of any correlation to those who have been hospitalized for COVID-19?**

Of the patients hospitalized, nThrive data showed that 64.3% of the patients had obesity as a comorbidity with 28.2% having morbid obesity and a contributing diagnosis.

**Q. Are we seeing more positive results in the younger ages now? In the beginning, we were only testing those people with symptoms, but now we are testing all people, not just serious cases.**

**A.** That is unknown. We don't know the extent to which COVID-19 existed before we were testing more broadly because we weren't testing. Any discussion related to this would be speculative without data (e.g. test results) to confirm.

**Q. If the U.S. had continued with the stay at home order per the CDC recommendations, do you think it's likely that would have virtually eliminated COVID-19?**

**A.** Epidemiology would suggest that, like influenza, the virus would still exist, but the transmission would be less due to lack of contact with the virus. Areas that are in compliance with CDC guidelines and recommendations are not seeing as high of incident currently.

**Q. Why is public health just now part of the health care landscape?**

**A.** Much like many quality and risk measures, until regulations force compliance, organizations do not focus on those areas of concern. Infection control became more of a focus when surgical infections rates were a focus of reimbursement. The collaboration with public health will be a positive outcome from the COVID-19 pandemic.