

Centers for Medicare & Medicaid Services
COVID-19 Call with Nurses
Moderator: Alina Czekai
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3:00 p.m. ET

OPERATOR: This is Conference #: 6004019.

Alina Czekai: Good afternoon. Thank you for joining our April 23 CMS COVID-19 Weekly Call with Nurses. We really appreciate you taking time out of your busy schedules to join us today.

This is Alina Czekai, leading stakeholder engagement on COVID-19 in the office of CMS Administrator Seema Verma. And today, we are joined by CMS leadership and subject matter experts as well as providers in the field who have offered to share some best practices.

But, first, I'd like to turn it over to Jean Moody-Williams – Jean is the Acting Director at the Center for Clinical Standards and Quality at CMS – for a brief update on the agency's latest guidance in response to COVID-19. Jean, over to you.

Jean Moody-Williams: Great. Thank you so much. Good afternoon, everyone. Thank you for joining this call. As always, I look forward to having this brief time to speak with all of the incredibly hardworking nurses across the country and provide a few updates and, as was said, get some intelligence from the field – what's going on in the field, what's working and best practices and things that we can share among each other.

The one thing that's great about nurses is that we work across all fields. We are not limited to one discipline. And, so, as I was trying to decide which update to bring to you today, there are quite a few that could apply. Obviously, I can't go through all that we put out because almost every day we put out some new guidance. So, I have to ask you to just stay tuned to our website and see what applies. But, I will highlight just a few things today

across several settings in which I know that we have nurses working in some capacity or another.

So, this morning we released guidance for infection control and prevention in home health agencies and religious non-medical health care institutions. This guidance – it really provided some additional information about CMS waivers and regulations and CDC's guidance for optimizing personal protective equipment and also some return to work criteria for health care personnel who had confirmed or suspected COVID-19 virus.

There are recommendations to home health care personnel who care for patients in residential settings such as assisted and independent living facilities and also guidance for the religious non-medical health care institutions related to addressing potential and confirmed COVID cases and mitigating transmission, including screening, treatment and transfer to a higher level of care when it's appropriate.

We also put together – this week, we released a toolkit. And it's a COVID-19 Health Workforce Toolkit for state and local leaders to try and maximize the workforce, allowing and encouraging that professionals – health care professionals be able to practice at the top of their license. It describes some of the waivers that CMS has put into place.

But, it's not limited – this is not just a CMS document as for the Assistant Secretary for response – emergency response also put in some resources. So, it includes flexibilities, liability protection, workforce training resources and really ways to maximize responsiveness based on state and local needs.

We have also received questions particularly from nurse practitioners and others that may have their own practice who may be seeing a decrease in the number of services that they provided just because of the attention that's either been given to acute care cases, treating COVID or if you were unable to do certain things through telehealth.

So, we released guidance under the guidelines for opening up America again. And this can be found on our website. And this really addresses – as I mentioned, it recognizes that, at times, there are areas that have low – a

relatively low stable incidence of COVID-19. And it's important to be flexible and allow facilities to provide care for patients needing non-emergent, non-COVID health care.

So, in addition, as states and localities begin to stabilize, it's important to restart care that is currently being postponed such as maybe some surgeries and procedures, chronic disease care. We know that some parents are delaying immunizations for their children and other kinds of things – other kinds of preventive care.

So, we have placed this guide out. And it's for states or regions that have passed certain gating criteria related to symptoms and cases and hospital (census) and that kind of thing. It was announced in April 16. And it has the different gates that you might move to to be able to begin to reopen your practices et cetera. So, please take a look at that.

And, then, for the nurses that are in – working in nursing home settings, this past Sunday we announced a joint effort between CMS and CDC related to new data reporting requirements for nursing homes that will really allow us to monitor the current rate of transmission in nursing facilities. We know that there's continued high rate of morbidity and mortality in nursing homes related to COVID-19.

And specifically, CMS will require nursing homes to report new cases on infection directly to CDC and to cooperate, of course, with CDC's surveillance activities. And as a part of this federal effort, CDC will provide the reporting tool that will be used to collect this national data because, at this point, we do not have a national surveillance system for nursing homes.

And, lastly, I would like to just thank all of you who have sent in correspondence. We have received a number from various associations. And we have been able to work through those. Some are waiver requests. Some are requests for considerations.

Sometimes you are sending them to the Hill and you send us a courtesy copy. We appreciate that as well because, then, if we get asked about it, the

questions – we are – we are able to address whatever the concerns are. So, please continue to keep up that communications with us. It's really valuable.

So, I think that we are – I think that's all I wanted to highlight. But, of course, we will have some time for questions, and I can address anything that you might need to get clarification on. But, I want to check to see if our guest speaker, Dr. Deanna Babb, is on. Is Dr. Babb on?

Deanna Babb: Yes, I am. Thank you.

Jean Moody-Williams: Wonderful. So, Dr. Babb works in a nurse – at a nurse practitioner-owned clinic in Great Falls, Montana with another nurse practitioner. So, I'd like to turn it to you to give us some words of wisdom.

Deanna Babb: Well, I don't know how many I have for you. But, I will – I will tell you what has been going on with us especially in private practice here. We were fortunate, I think, because we have a rural population and Governor Bullock shut our state down pretty quickly when the coronavirus started spreading in Washington State.

And, so, I have been keeping contact with the hospitals here in the number of COVID cases we've had in our state and locally. And we did have an outbreak, of course, in a nursing home just north of here. And because it is such a rural state, a lot of people are interrelated and work in a town an hour or two away, which is the case in this outbreak in a county just north of us.

Here in primary care, what we have been doing, of course, is taking advantage of the opportunity to do those telehealth visits, which if we can connect with a video conferencing, the patients have been most appreciative. They really want to see the provider. They need that support right now as they are – most of them have really stayed home and followed those stay-at-home orders and taking it very seriously, which has been great. I think it has really helped to keep the number of infections down.

We did a lot of the teleconferencing. We did some telephone calls. And, then, we did have a few people that wanted to come to the clinic. So, we were very nervous about that in the beginning. But, we've got it down to where we

did have a couple N95 masks. My nursing assistant actually handed out – put – nebulizing them with some hydrogen peroxide to clean them per directions we got from some websites on how to clean your mask.

And, so, we've had an adequate supply of that and then really teaching our patients about handwashing using hand gel and distancing. They have been very good about that. And then, also, when they come in, we have been having them put on a mask.

Now, the research varies and some of – some of the research that I had read said that if you have a mask on and whoever you are in contact with has a mask on, it can reduce droplets in the air by 40 percent each. And that's significant. And, then, if you add the factor of the social distancing, that has worked quite well with us in the clinic.

Some of that – our capacity here, luckily – again, because we are in a rural area, our hospital is geared up. And, actually, we are getting ready to open up an old hospital because it still had oxygen in case we needed the capacity. And my daughter is a respiratory therapist in one of the hospitals here. So, she has really kept me current on what they were doing for testing.

Initially, we didn't have very many tests. So, our other providers and specialists in town were kind of punting, not knowing if they were dealing with COVID for quite a while. And I understand that. Because we are a rural state, the resources really went to some of our larger metropolitan areas. But, they were treating everyone like they had COVID with isolation.

So, both hospitals here have the capacity to do the respiratory – to do the testing. And there is a walking clinic that we have sent people to in the hotline. So, that's how we have dealt with our patients that suspected that they might have COVID and that has worked out quite nice so far.

As we are getting ready to kind of transition because our state is going to be – some of the businesses will be opening as soon as next week, including beauty shops and tattoo parlors and restaurants then the following week. I've had a lot of people asking me, "What should we do? How should we stay safe?"

And our own – the church that I attend – I was on a meeting last night as we talked about how do keep parishioners safe and providing masks and talking about gel and gloves for them. So, we are – we are getting ready to actually probably see patients in the clinic again next week.

But, we will probably keep a lot of our same methods in place where we are masking with everyone that comes in, only letting one or two people in at a time, not interacting with the patient other than if we have to draw blood and washing everything, disinfecting using either Lysol, hydrogen peroxide or alcohol and gel.

So, I don't know – it probably doesn't sound much different than anything anybody else is doing. But, if anyone has any questions or anything to add ...

Jean Moody-Williams: OK. Thank you. So, why don't we go to questions? We will open up if you have any questions for our presenter, for CMS. Operator, we will take some questions (now).

Operator: And at this time ...

Jean Moody-Williams: (Inaudible). Go ahead. I'm sorry. Give the instructions.

Operator: That's ok. At this time, if you would like to ask an audio question, please press star, then the number one.

Jean Moody-Williams: Yes. And as the questions are queuing up, I will remind you that we do have our Office Hours call this afternoon. And that call will really have more of our subject matter experts on that can answer more of your technical questions. So, I hope you've been tuning in to those. Those have been very informative. A lot of billing questions and coding and that kind of thing get answered there as well as waiver questions. But, do we have a question?

Operator: There are no questions at this time.

Deanna Babb: One other – one other thing I did want to mention was with – thanks to everyone who works so hard in making sure that billing was in line and that primary care could go to this kind of model, which I think was a lot of – was

very reassuring to patients and providers that we have not had billing problems.

I have to say that CMS – Medicare has been very responsive in providing some resources to get testing. There is testing going on in another clinic here in town. They are using the IgG, IgM. I checked into some of the resources and called a couple of more reputable labs to get testing supplies. I think that is the one area where there is really kind of a gap right now, which everyone is saying – is being able to get tests that is (sensible) – specific and has the sensitivity to make it valuable and worthwhile. So, I just wanted to mention those things.

Jean Moody-Williams: Great. Thank you. Yes. We know a lot of the reopening does depend on testing. So, thanks for bringing that up. A check again to see if there are any questions or if anyone else wants to share best practice at this time. Operator, are there any in the queue?

Operator: There are – one moment. We do have someone that just joined the queue. Give me just a moment.

Jean Moody-Williams: OK.

Operator: Caller, if you just pressed star one and did not record your name, your line is open.

(Jean Towers): I am (Jean Towers). And Deanna, can you expand a little on how people receiving the telemedicine services over the phone – do they like it? Do you like it? Is it something that you see that has possibilities for in the future? Can you make some comments about that?

Deanna Babb: Yes. I'd be glad to. I think – a lot of the – especially the older population feel they are not very text-savvy. So, the media I've been using I send out to them on their email and kind of walk them through it. They – when they figure it out and it opens up and they see your face and they know that you can see them, they – it's – a smile comes over their face. They are just delighted.

And I think for a time like this or if they are homebound anyway, someone that cannot get in and be checked that often, this has been a really good chance to see how well that works where you can see them in real time. You really can do a little bit of an assessment of – I talked with another nurse practitioner with acne if they have a wound.

People have shown me swelling in their ankles on the video conference. And I had a wife today that joined in with her husband in the visit, and she actually did some vitals for me beforehand so we could really do a more thorough check. So, they have been very open with it.

Even the telephone calls have been good that you reached out and I think I think it was just reassuring to hear your voice because a lot of the visits, especially with this pandemic, have been people wanting to hear what your opinion is about what happens when we open up again.

“Will I be safe? Should I go to work? How long should I stay out of work? And I’m very stressed. I haven’t seen my family.” That was a call I made today. And she actually kind of broke down on the phone and said, “I haven’t seen my grandchildren and my children for six weeks and I’m just very lonesome.”

So, this has been a really good tool to use especially in primary care. I could see having myself or someone else continue to make calls especially on my most chronic patients and check in with them, video conference with them. It’s the next best thing to being here. And sometimes, people just – they don’t want to leave home. And yet, they can get that support they need.

(Jean Towers): Thank you.

Jean Moody-Williams: Thank you. I’ll see if we have time for one more. Is there – is there another question or comment in the queue?

Operator: Not at this time.

Jean Moody-Williams: OK. Great. Well, thank you, all, for tuning in. And next week, I'm sure we will have additional practices as things are rapidly changing in the country. So, we will talk to you then. Thank you. Bye-bye.

Deanna Babb: Thank you.

Jean Moody-Williams: And Alina, anything else?

Alina Czekai: I will just add please continue to direct your questions to our COVID mailbox, which is covid-19@cms.hhs.gov. And, again, as Jean mentioned, I really hope that you will join us later today for Office Hours at 5:00 p.m. Eastern. Thanks again. Take care.

Operator: Ladies and gentlemen, you may disconnect at this time.

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