

Centers for Medicare & Medicaid Services  
COVID-19 Call with Nurses  
June 11, 2020  
3:00 p.m. ET

OPERATOR: This is Conference #: 2863547.

Alina Czekai: Hi. Good afternoon. Thank you for joining our June 11 CMS COVID-19 call with nurses. This is Alina Czekai leading stakeholder engagement on COVID-19 in the office of CMS Administrator Seema Verma. Today, we are joined by CMS leaders as well as providers in the field who have offered to share best practices with you all.

I'd first like to turn it over to Jean Moody-Williams, acting director at the Center for Clinical Standards and Quality, for an update on the agency's latest guidance in response to COVID-19. Jean, over to you.

Jean Moody-Williams: Good afternoon, everyone. Thank you so much for joining this call. I particularly want to thank you all for the continued work that you are doing as nurses in the field and for the remarkable contributions that you've made. I think it has become evident to the entire world – I was about to say the country – but the entire world the importance of the role of nurses. And, so, this is, unfortunately, our finest hour.

So, just a couple of updates that I wanted to bring to you from CMS. And, as always, I encourage you to go to our website to get the latest information. And, then, we are really privileged to have a guest speaker that we'll go to very shortly. And, then, we'll be able to have some dialogue and have questions for our speaker as well as hear from you some of the best practices or things that you are seeing in the field.

So, on June 9, we released an announcement that really dealt with the fact that, of course, during the height of the pandemic, many health care systems and patients postponed non-emergency and inpatient care in order to keep themselves, the patients and the providers, safe and to ensure capacity to care for COVID-19 patients in hospitals or other settings.

But, as states and regions across the country see a decline in cases in many areas – and I know some are not yet seeing that – we wanted to provide recommendations to ensure that non-emergency health care resumes safely and that patients are able to receive needed in-person treatment that may have been postponed during the public health emergency.

So, this particular guidance which, again, can be found on our website does give considerations for things that should be considered as non-emergency care resumes in the various practices because – and I think even on this call we mentioned that people have been leery to even seek care that was needed or even go to the emergency department for that matter.

And I know even personally I started this week getting emails from my primary care and the local hospital saying, “If you need care, come back. And here are the precautions that we put into place.” So, at least I know in this area they are making decisions and they are reading our guidance as well. So, that was one thing I wanted to highlight.

And, then, I wanted to just mention as far as nursing homes, over the last two weeks, we released our first collection of data since requiring nursing homes to report. We released health inspection results conducted on or after March 4 and provided more information around the survey activities.

The funding – there was some funding in the CARES Act that provided additional funding for surveys and also the quality improvement activities in nursing homes, which right now we are doing a series of webinars sponsored by the quality improvement organizations that you are welcome to join into. As a matter of fact, there is one today on cohorting. So, we encourage you to tune in to those webinars. You can find that information from the QIO website.

So, related to the data, over 15,400 nursing homes – that’s the number that we have in the country that CMS has oversight because of Medicare and Medicaid. Of that number, 13,600 facilities reported their data as of last week. So, that’s 88 percent of facilities, which is a remarkable number when you consider the speed in which this program was set up and the requirements

were put into place so that we could have national data. I know that hospitals had started even before nursing homes reporting this data.

We anticipate that more nursing homes will report every week. And as a reminder, those that don't do so are subject enforcement action. I want to highlight because you may use this data for one reason or another whether it'd be because you work in a nursing home or you work in a hospital and you want to know what's going on around in your community or you work in a home health agency and hospice and you need to know whether you can – what's happening there.

So, there might be any reason why you use this data. Remember that it does have limitations because, as I said, 88 percent, while a good number, is not 100 percent. So, not all nursing homes have reported yet. And, then, with any new program, as you are entering data for the first time, we have found that there have been some data issues with some of the things that have been recorded. And, so, we are working with those facilities. But, nevertheless, it does provide you with some idea of what's going on, and it will get better as it evolves.

So, that was that. I mentioned the training. I think I have hit on everything I wanted to talk to you about. So, why don't we go to our guest speaker. And we have Wendy Wright, who is a graduate of the Adult Primary Care Nurse Practitioner program at Simmons College in Boston. And she is an adult and family nurse practitioner and the owner of two nurse practitioner-owned operated clinics within New Hampshire. So, she comes to us with a wealth of experience. And Wendy, I'll turn it to you.

Wendy Wright: Thank you, Director Williams. And thank you, Dr. Kaplan, and all of the nurses that are on this call with me. I want to thank you for giving me the opportunity to spend a few minutes talking with you.

As you heard, I'm an adult and family nurse practitioner. I owned two primary care offices here in New Hampshire. We are owned and operated by nurse practitioners. I come to you from a full practice authority state. We

have 6,000 primary care patients in our clinic. We have nine nurse practitioners and a staff of 18.

I can tell you that overnight, my business, my business model changed. And what I am proud to tell you is that that business model we pivoted on a dime. We went one night from seeing patients in the office and the next day we had a full-scale telehealth program that we had ramped up. And, so, I'd like to share with you over the next five minutes just some of the work that we have done to make sure that the patients that are in need of care and that are in need of primary care are getting the care that they need.

So, I told you that we have about 6,000 patients, 500 of which are 65 and older or are CMS- or Medicare-insured. Those patients – many of them, as you all know, are in need of a significant amount of care. But, they were incredibly scared to get care. And you've just heard that. They didn't want to go to an emergency room. They didn't want to come into the office. And they needed care.

So, I want to thank all of from CMS that are on this line that changed our ability to provide telehealth and provide it overnight. The hard part with telehealth, as you all know, is that while many of us own smartphones or have camera capacity, many of our 60- and 70- and 80-year-old patients do not.

So, having the ability to, number one, deliver care through audio or video has made a significant difference in our ability to provide care. I want to remind you that as long as this pandemic goes on, every month millions of cancer diagnoses are being missed or being deferred because people are fearful of coming in. Millions of people are foregoing vaccines that they need to be receiving.

So, being able to give people the care that they need, even done remotely, has been essential to my business and my business' survival. And it's also been essential to being able to provide the care. If you will allow me, I want to share three amazing stories of what your telehealth program has done for three CMS-insureds in my clinic.

The first day we switched to telehealth, we had an 80-year-old with abdominal pain who would not go to the emergency room. One of the nurse practitioners in this clinic did a telehealth visit with this patient. She instructed the husband on how to do the obturator and psoas sign and diagnosed this 81-year-old woman with an appendicitis, which we were able to get her expedited into care and into the OR.

One week ago, through telehealth, I diagnosed a patient who presented with an olfactory sensation. She smelled a smell that no one else smelled. She would say to her boyfriend – and, by the way, she is 71 – “Do you smell that small?” And he said, “No, I don’t.” So, she did a telehealth visit with me.

I did a comprehensive neuro exam. It was completely normal. But, I knew that that olfactory hallucination meant something was happening in her temporal lobe. I ordered a stat CT. She has a glioblastoma and underwent her malignant resection a week – within the last few days.

And last, we had a patient in her 70s who said, “I would rather die of a – of a kidney infection than go to an emergency room and be exposed to COVID.” We were able to successfully treat her and to treat her pyelonephritis. So, never have I been more proud of the staff and the nurses that work alongside me.

I want to thank all of you who enabled us to sign home health orders literally overnight. I’ve been a nurse practitioner for 30 years, and I have fought for the ability to sign home health and hospice orders. And overnight, it took a pandemic to erase that barrier that existed.

You see, the physician that always signed my home health orders had been furloughed. So, without the ability to sign home health orders, my patients would have gone without the home health care that they needed and which, as you know, would have tied up emergency rooms and would have tied up hospitals.

So, I thank you. I thank the president for signing that and giving us the ability to erase a barrier that we have known has existed for 35 and 40 years yet we’ve not been able to erase until now. So, thank you.

Overnight, the nurse practitioners and the nurses in my clinics set up a carside service. My husband put up a tent in our parking lot. We had patients drive up to the tent, we keep them in their car, we evaluate them. We have been able to diagnose 18 cases of COVID, screened more than 350 people, and we stand in that tent for one to two hours a day.

Why? So that the patients can be assessed because a lot of it isn't COVID but they are too scared to come in to an office. So, they delayed their pneumonias and they delayed their congestive heart failures. That tent is going to remain in this parking lot as long as we need to. And we will continue to staff to provide the care that our patients need.

The last thing I would tell you is the biggest barrier that continues to exist for me today is the ability to sign for diabetic shoes. I have two patients that continue to wait to get a physician to sign for those diabetic shoes even though we know that they need them. But, unfortunately, those physicians are just starting back to work and there has been a delay in getting the ability for a physician to sign off on those diabetic shoes.

My last comment to you is I received an email from the hospital here in my community. By the way, I just want to tell you I was the first nurse practitioner to ever be credentialed by that hospital in the department of family practice. That was 30 years ago. That hospital just closed two large primary care sites. They furloughed the physicians and the nurse practitioners and the physician assistants. They will not be reopening.

I am frightened for what is going on in this country with primary care. I thank all of you who are on the frontlines doing the work that our patients need. And I know you've put your life on the line. I know my staff has done that as well. But, I want to thank all of you at CMS for making the changes that we need to be able to provide the care to the patients who need that care.

Again, I've never been more proud to be a nurse practitioner and to be a nurse in this country. I'm sad it took a pandemic for that to happen. But, I thank you all again. And I'm happy to open this up to any comments or questions

that people have for me. Thank you to the folks at AANP for asking me to present today.

Jean Moody-Williams: Thank you so much for those case studies that you presented. Absolutely remarkable. And to think what might have happened had you not have the ability to care for those patients and also for your clinical skills and being able to really effect what needed to happen is also to be commended. So, thanks so much for that. Operator, can we open up the lines for questions?

Operator: Certainly. So, as a reminder, to ask a question, you will need to press “star” then the number “1” on your telephone keypad. Once again, that will be “star” then the number “1” on your telephone keypad. To withdraw your question, please press the “pound” key. Please stand by while we compile the Q&A roster.

Jean Moody-Williams: While we are waiting, I guess a question. Do you think that – what is it going to take for patients to start coming back into the office? Like I said, I’ve got a couple of emails saying, “Come back.” What do you think it will take?

Wendy Wright: Thank you, Director Williams. I will tell you that I think patients are starting to come back. At the – at the height of all of the COVID, we were doing 50 percent of our visits via telehealth. That has now dropped off to 15 percent. I think it’s because people – some people do want to come back or they have delayed the care for so long that they noted they need to get back again.

What I did every week throughout the COVID epidemic is I sent out a message to our patients on the patient portal telling them everything we were doing in this clinic to, A, keep our staff safe but also keep anyone who is coming to the clinic safe. I can’t even tell you the number of patients who said, “I’m so thankful to have received that. I’m here today because I know what you are doing to keep that office and your staff safe as well as me.”

So, I think people – I would like to tell you that I think everyone is going to come back but they are not going to. This morning, I did a call – a telehealth visit with a patient of CMS, a Medicare patient. And she said, “I’m just not even ready to get into a car yet.” And I said, “Well, you have pretty

significant diabetes. I really think we need to see you. But, if I will meet you outside in your car, will you please come in and at least let me take a look at you in the car?”

And, so, I think people – and she has agreed to that. She said it’s going to take me a couple of weeks to get up the courage to do that. I think people need to hear everything we are doing to be safe. I think having a vaccine is not going to hurt. And I think also having a treatment and evidence-based intervention that if they do get sick – that there is something that we can offer them.

So, I think that’s what it’s going to take for us to get back. But, my fear is this. Many primary care providers, the heart of this health care system, are not going to reopen. They are going to retire. They are not going to come back. And hospitals are closing them down and furloughing primary care providers.

I very much fear what that means for all of us who – and for the hospitals and for the ERs because if people aren’t going to primary care, they are going to be going to a more costly option such as an emergency room. So, I think we all as providers need to say to our patients, “This is what we are doing to keep you safe.”

Jean Moody-Williams: Great. Thank you. Yes. And as you said, it’s almost – it’s not a one size fits all.

Wendy Wright: Correct.

Jean Moody-Williams: Operator, do we have any questions?

Operator: Once again, in order to ask a question, kindly press “star” then the number “1” on your telephone keypad. Once again, that is “star” then the number “1” on your telephone keypad.

Jean Moody-Williams: OK. Well, if we don’t have any, I thank you again. You were very thorough in your explanations and we do appreciate your attendance and your participation. And we thank you all who are attending this call. If you,



again, would like to see the latest guidance that came out on June 9, it is on the website. Alina, I'll turn it back to you for closing remarks.

Alina Czekai: Great. Thanks, Jean. And thanks, everyone, for joining our call today. We hope that you will join us for our CMS COVID-19 Office Hours next week on Tuesday, June 16, at 5:00 p.m. Eastern for technical Q&A with our CMS subject matter experts. In the meantime, please continue to direct any questions to [covid-19@cms.hhs.gov](mailto:covid-19@cms.hhs.gov).

Again, we appreciate all that you are doing for patients and their families around the country as we continue to address COVID-19 as a nation. This concludes today's call. Have a great rest of the day.

Wendy Wright: Thank you.

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