

**Conference Call Convened at 2:00 p.m. Eastern Daylight Time**

✓ **Present**

	✓ Paul Drager	✓ Carole Totzkay
✓ Charlie Burney	✓ Lucy Hodder	
✓ Kevin Desrosiers	✓ Marc Hiller	

**Conference Call Agenda**

1. Discuss CSC de-escalation and recovery
2. When would it occur
3. How to assess de-escalation and recovery

Carole Totzkay: Good afternoon. I am Carole Totzkay, Public Health Emergency Planner for the NH Department of Health and Human Services and facilitator for this subcommittee. On the call today are:

Charlie Burney: SDMAC member

Kevin Desrosiers: Critical care physician and Chief Medical Officer at Elliot Hospital

Paul Drager: Medical Ethicist

Marc Hiller: UNH Medical Ethics/Health Management and Policy

Lucy Hodder: UNH Health Law Program

**New Hampshire 2019 Novel Coronavirus (COVID-19) Summary Report  
 (data updated as of May 18, 2020, 9:00 AM)**

<b>Number of Persons with COVID-19<sup>1</sup></b>	3,652
<b>Recovered</b>	1,269 (35%)
<b>Deaths Attributed to COVID-19</b>	172 (5%)
<b>Total Current COVID-19 Cases</b>	2,211
<b>Persons Who Have Been Hospitalized for COVID-19</b>	368 (10%)
<b>Current Hospitalizations</b>	<b>109</b>
<b>Total Persons Tested at Selected Laboratories, Polymerase Chain Reaction (PCR)<sup>2</sup></b>	49,474
<b>Total Persons Tested at Selected Laboratories, Antibody Laboratory Tests<sup>2</sup></b>	6,445
<b>Persons with Specimens Submitted to NH PHL</b>	17,226
<b>Persons with Test Pending at NH PHL<sup>3</sup></b>	874
<b>Persons Being Monitored in NH (approximate point in time)</b>	3,675

<sup>1</sup> Includes specimens positive at any laboratory and those confirmed by CDC confirmatory testing.

<sup>2</sup> Includes specimens tested at the NH Public Health Laboratories (PHL), LabCorp, Quest, Dartmouth-Hitchcock Medical Center, and those sent to CDC prior to NH PHL testing capacity.

<sup>3</sup> Includes specimens received and awaiting testing at NH PHL. Does not include tests pending at commercial laboratories

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Totzkay:

- Seeing a slight dip in the number of hospitalizations for COVID since May 7 when we were at 113, we still a rise in positive cases.
- Anticipate more positive cases as businesses reopen.
- On page 11 of the *NH CSC Plan* it states that within one month of de-escalation the NH DHHS/ESU, SDMAC and STC will conduct Crisis Debriefings.
  - How do we determine this specific event?
  - What triggers a mark on the calendar to initiate the process?

Desrosiers:

- The Governor declared a state of emergency only on March 13, 2020 (COVID-19).
- As stated in our Plan (page 5): State CSC clinical guidelines are typically implemented in situations where there will be a prolonged mismatch in the supply and demand for health care resources.
- The hospitals look to the state to help maintain situational awareness, resource availability, and the capability of sharing the load of patient care to avoid surge.
- As yet, we are not overwhelmed or have reached a point for implementation of resource rationing and triage.

Burney:

- However because there is a strong probability for a 2<sup>nd</sup> and 3<sup>rd</sup> wave, there will always be a risk.
- Standing the committees down will fall on STC and SDMAC.

Hodder:

- I thought the NH DHHS Commissioner had triggered the CSC? There's lots to be done to wrap up this state of emergency.

Totzkay (post-meeting comment):

- Third Extension of State of Emergency Declared in EO 2020-04 for an additional 21 days. This now takes us to June 5, 2020 for a *possible* Fourth Extension.
- The complete list of Governor Sununu's Executive Orders (EOs) is available at <https://www.governor.nh.gov/news-and-media/emergency-orders-2020>
- Specific EOs to minimize the demands on healthcare professionals, see table below.

<b>Emergency Order #</b>	<b>Title</b>	<b>Healthcare Groups</b>	<b>Date Rescinded or State of Emergency Terminated</b>
8	<b>Temporary expansion of access to Telehealth Services to protect the public and health care providers</b>	Health insurance carriers; health benefit plans; Medicaid Managed Care Organizations; In-network providers	
13	<b>Temporary allowance for New Hampshire pharmacists and pharmacies to compound and sell hand sanitizer over the counter ("OTC") and to allow pharmacy technicians to perform non-dispensing tasks remotely</b>	Licensed NH pharmacists and pharmacies; pharmacy technicians; advanced pharmacy technicians	
14	<b>Temporary authorization for out-of-state pharmacies to act as a licensed mail-order facility within the State of New Hampshire</b>	Out-of-state pharmacy	
15	<b>Temporary authorization for out of state medical providers to provide medically necessary services and provide services through telehealth</b>	Out-of-state medical provider whose profession is licensed within NH	
30	<b>Temporary requirements regarding healthcare provided in alternative settings</b>	Hospitals	
31	<b>Establishment of the COVID-19 Long Term Care Stabilization Program</b>	Medicaid providers	
33	<b>Activation of the New Hampshire Crisis Standards of Care</b>	Hospitals; assisted living facilities; long-term care facilities, nursing facilities, residential care facilities; pharmacies; healthcare supply vendors	

34	<b>Further temporary requirements regarding health insurer coverage of health care services related to the coronavirus</b>	Health insurance industry – Pharmacy Benefit Managers	
42	<b>Authorizing temporary health partners to assist in responding to the COVID-19 in long-term care facilities</b>	Temporary health partners	
45	<b>Modification of Emergency Order #31 (Establishment of the COVID-19 Long Term Care Stabilization Program)</b>	Direct care reports; front line workers	

Burney:

- Per EO #33, “*The Commissioner will appoint members of the State Disaster Medical Advisory Committee ("SDMAC") and the State Triage Committee ("STC") established in the and the State Triage Committee ("STC") established in the CSC Plan to create the CC Guidelines and advise on the criteria for determining when the healthcare system is in crisis.*”
- Triggering the plan helps stand up the committees and getting the guidelines in place. It doesn’t mean the hospitals are over run.

Hodder:

- I’m reading EO #33 but that not each hospital has there own. When the crisis standards are activated, it helps us mobilize community operations. The actual crisis standards of care themselves are pretty clear. They are elements that help maintain hospitals from crisis surge.

Drager:

- I think there is some confusion in terms of winding down. There are certain rules and federal rule changes at Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), and the Centers for Medicare and Medicaid Services (CMS).
  - How do we reconcile these at the state level?
  - Are we working at odds with federal interpretation and state interpretation?

Hodder:

- I don’t’ think so. A legal framework within our *NH CSC Plan* would be helpful. This de-escalation and recovery group could think about what needs to be in place for hospitals to respond effectively as the pandemic continues. The real question though is: What is still needed by hospitals e.g., supplies, medications, etc?

Drager:

- There are other health care agencies in this state of emergency such as residential health care agencies and nursing homes that have limited resources but are expected to continue operations. In one facility that I know of there are 9-12 COVID patients being treated as hospice or at home. Those numbers don’t seem to be reflected at the state.

Burney:

- Taking in other healthcare facilities is important. We may need to bring this to the SDMAC to inquire on how to address this issue. The other place would be with the DHHS Commissioner.
  - How can we continue to help the long-term care facilities that haven't already been helped through recent Governor issued EOs?
  - What are the specific concerns for them regarding de-escalation and recovery?
- Other area to focus:
  - What kinds of revisions area needed in the NH CSC Plan?
  - What did each hospital find as beneficial and what needs to be improved in the future?

Hodder:

- Are the hospitals sharing their CSC plans with the State?

Drager:

- On previous CSC calls, it get the sense that some hospitals are still looking for triage guidance from the STC.
- A number of hospitals seem to be coordinating together to share information.

Desrosiers:

- Yes. That is an accurate assessment. Institutional variation. Many hospitals have similar goals and values being upheld.

Burney:

- Not sure if hospitals are willing to share plans with the State. Need to get this confirmed.

Drager:

- There may be reluctance on hospitals to make their plans public.

Totzkay:

- We might want to develop a brief assessment tool to gauge where hospitals are with CSC and what do they need.

Hodder:

- I agree with this. I do worry slightly about the legal end of it. All the pieces that need to be in place for hospital to provide care and treatment and to be protected.
- How do we make sure what the hospitals still need now? We don't want to de-escalate and leave hospitals more exposed than others.

Hiller:

- Is there any value of getting an assessment from individual medical practices on how this crisis has impacted them? Maybe the NH Medical Society could be an intermediary.

Burney:

- That might be beyond our scope.

Desrosiers:

- The macro level is important at present. Prescribing Remdesivir is permitted for treating COVID-19 patients.
- We need to review what waiver have been enacted. What is being used or no longer needed? How would we slowly roll back each waiver?

Hodder:

- And either continue or discontinue protections for physicians.

Burney:

- The State must have someone is keeping track of all the waivers.
  - Do we have access to that list?
  - Can it be shared (both Federal and State lists)?

Hodder:

- Because of staffing and use of hospital resources, other providers were kicked out.

Desrosiers:

- We still need people in unconditional roles. Continued need for telehealth.
  - What are the triggers to turn it off.

Hodder:

- I can ask Ann for that list. Are we trying to de-escalate the state of emergency or the NH CSC.

Totzkay:

- We need to stay with the crisis at hand – COVID-19.

Hiller:

- I'm anticipating a second or third wave as a product of re-opening to soon.

Hodder:

- We have talked a lot about hospitals. What are the other things? I've heard Remdesiver, telehealth, site of service, etc.

Desrosiers:

- EMTALA issues were waived.
- Testing without medical examination. That fluctuates based on who is being tested.
- Use of non-physicians to admit patients to hospital especially small hospitals.
- The crisis standards of limited resources is still high on people's minds. Numbers of stable census comes in waives.
- Need ability to transfer out and keep protections in place.

Hodder:

- Organize the market place.

Desrosiers:

- Sharing of resources – ventilators from Dartmouth.

Drager:

- There needs to be a balance between existing and loosening rules and regulations. CMS rule last week: hospitals no longer need to advise on advanced directives.
- As we talk about de-escalation and continued protection, we should not lose sight of our responsibility to our individual patients. We have to maintain transparency.

Totzkay:

- I'm confused and shocked that the CMS would waive informing on advance directives!

Hodder:

- What is the ongoing need that requires ongoing waiver and support?
- Were there things that hospitals were unable to do? Perhaps this is a question at a future time.

Desrosiers:

- Did our *NH CSC Plan* allow for hospitals to use experimental/novel therapies?
- A real-time decision versus statutory changes?

Burney:

- We can ask the State Triage Committee (STC). As new treatments come out and especially vaccine, who decides on what populations get access to the vaccine. The STC may need to address this.

Drager:

- How will vaccine be validated?

Hodder:

- Anything else come up during the STC call? I think we have some areas with ongoing needs such as hospitals and other healthcare providers downstream that are impacted.

Drager:

- There are other facilities that are taking care of those same patients. I think we have seen what happens to patients in nursing homes.
- There are issues such as being treated and coming back to the nursing home again. Will that still be allowed? We can't lose sight of the other providers of care.

Hodder:

- We are in uncharted areas. Certain crisis standards may not be activated but certain emergencies are/were activated.
- We need a framework for long-term needs in this crisis.

Burney:

- Emergencies activities and awareness are ongoing even though we haven't met true crisis standards.
- We should look into legal concerns for other health care facilities. Have a shared understanding of crisis standards. For example, visitor policies; encouraging alignment by hospitals.

Hiller:

- What if a lack of resources overwhelm a healthcare system more quickly in a region of the State?

Burney:

- STC guidelines ensure communication pathways so that equipment and personnel or patient transfer out of the area if needed.

Hodder:

- We don't want the tail to wag the dog. What are the ongoing needs of facilities and feedback from triage to have alignment and continue rules and regulations.

Drager:

- Allocation of who gets vaccine. What if a cure is uncovered but with limited availability? How is that allocated?
- As our State begins to re-open and build up the economy, discussions with the status of COVID-19 testing needs to continue with DHHS/DPHS.

Hiller:

- DHHS needs representation from the health community to be involved with any of the Governor's re-opening economic recovery strategies.

Hodder:

- Our limited charge is to the needs of the providers as we re-open.
- For us we need to hear from the STC, other CSC subcommittees, healthcare providers, and the public as to what the needs are.

**Call ended at 3:50pm**

DRAFT