

Conference Call Convened at 2:35 p.m. Eastern Daylight Time

✓ **Present**

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

Conference Call Agenda

1. Summary of State Disaster Medical Advisory Committee (SDMAC) and the subcommittee’s last meeting
2. Determine how to aid hospitals and Long-Term Care (LTC) through de-escalation and recovery from the crisis.

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

Facilitator Note: approval of the May 19 sub-committee meeting notes moved to next meeting on June 18

Burney:

- Summarized activities of the sub-committee at the SDMAC meeting held May 29.

Hodder:

- When requested, we would assist hospitals with their de-escalation and recovery issues.
- Once the guidelines are released, we direction from the State Triage Committee (STC) or the SDMAC on how we should be proceed.

Burney:

- At our last meeting, we discussed conducting a brief needs assessment with the hospitals. We could pursue this Kathy Bizzaro-Thunberg at the New Hampshire Hospital Association.
- We might want to think about other healthcare facilities and their needs.

Drager:

- Rehabilitation and group home facilities would be good. We should consider a broader scope of all healthcare facilities in the state.
- The Executive Board Committee at Cornerstones Visiting Nurse Association (VNA) has been meeting frequently. We have been watching the number of patients with COVID go up and down.
- It is challenging when a hospice facility has patients with COVID; often contracted by family members.
- We have been training on PPE and doing testing of our staff. We could use some guidelines from the State on how to continue to test medical and non-medical staff and start to bring back in OT and PT staff for patient care.
- Home-bound services are impacted as well. We need a functionality roadmap.

Burney:

- It will depend on the local situation and level of surge.

Drager:

- Surge capacity over flows in the hospice centers and VNAs. What effects one group effects the others.
- The palliative care services are another area of concern that should be assessed.
- Need to talk with Jim Culhane.

Hodder:

- Make recommendations as to what issues remain while the de-escalation happens so that we don't undo something that is helping to stabilize the situation.
- So for homecare and hospice, what CSC needs assessment should be considered?

Burney:

- Which facilities do we need to assess in terms of their capacity?
- Where are they at on the contingency scale?
- Do they need help getting back to usual care standards? If so, what help is needed?

Drager:

- Apparently, there are some physicians in NH that have raised concern about advance directives and POLST.

Burney:

- NH POLST or out-of-state POLST?

Drager:

- NH POLST and it is noted by the NH Healthcare Decisions Coalitions.

Burney:

- NH POLST is accredited by the POLST Association.
- The NH law supports POLST. Pts should have their most up to date form.
- Are the legal protections in NH law explicit enough?

Drager:

- There is an inconsistent understanding of POLST across the state. We have buy-in for it as a Standard of Care.

Hodder:

- POLST is an ongoing concern as are authorizations and signatures to allow experimental treatment.

Burney:

- Propose:
 - Include general guidelines on the NH POLST in the *CSC Clinical Guidelines*.
- This would help educate providers. The separate issue is the out-of-state POLST.

Drager:

- There are some scope of practice issues around POLST in NH.
- MA wouldn't accept an out-of-state POLST.
- NY will if properly executed by six border states.
- If a NH patient goes to MA for treatment, the provider would also complete MA's version of POLST.
- VT is not endorsed.

Burney:

- Sounds like there's agreement in the guidelines about accepting and using the NH POLST and perhaps accept an out-of-state POLST. (This needs to be reviewed by STC and SDMAC.)

Hodder:

- Yes. It may need its own Executive Order (EO).
- **General Recommendation:**
 - *Surrogates can sign on experimental treatment.*

Drager:

- To talk off-line with Lucy on the surrogacy law.

Hodder:

- The legal issues would be good for this committee for example, EMTALA.
- **General Recommendation:**
 - *We want to ensure that hospitals and other healthcare providers have the legal protections in place to execute crisis standards and related public health emergency response activities going forward.*
- The State's Department of Justice might be able to assist with bridging the gaps.

Burney:

- Possible needs assessment questions to consider for the hospitals and LTC would be:
 - Does your facility/center have a CSC plan? If not, what help do you need?
 - If you have a CSC Plan, what parts of the plan are you currently using?
 - What areas do you need support from the SDMAC or STC?

Drager:

- He will inquire with the various palliative care groups on a few specific COVID-19 needs assessment questions.
- Didn't CMS require healthcare facilities, especially long-term care centers to have a CSC plan?

Totzkay:

- That may have been the case 10 years ago. I would need to check.

Hodder:

- Some of the immediate and long term issues to consider are:
 - physician orders,
 - treatments,
 - tracking protections for emergency activities and services,
 - finalize the legal standards, and
 - consider if CSC for long term care facilities.
- We included future adverse impact on populations in the *NH CSC Plan*.

Burney:

- I would hope that the COVID-19 Equity Response Team will review the *NH CSC Plan* and the corresponding *Clinical Guidelines*.

Hodder:

- The non-discrimination items were captured in the ethical framework of our CSC.

Totzkay:

- It may necessitate the COVID-19 Equity Response Team requesting more time to thoroughly address the issues.

Hodder:

- We need to make sure that legal standards are being addressed appropriately during a crisis.

Burney:

- Legal standards would need to be framed in terms of CSC. Advocating for telehealth during a crisis diminishes the need for crisis standards.

Hodder:

- Yes.

Desrosiers:

- The Centers for Medicare and Medicaid Services (CMS) will drive some of the continuation of telehealth.
- Hospitals throughout the State are carefully watching the number of EOs that are rolled back.
- Elliot, CMC, Dartmouth, SNHMC, and even Vermont's medical system recently had no ICU beds. There remains very real resource impacts at the hospitals.

Drager:

- It doesn't appear that the voices of the hospitals are resonating with the committee charged with opening up the state and improving the economy. The economy may be seen as a separate issue but healthcare is a major player in the State's economy.
- Something needs to be said on the de-escalation of both the healthcare and financial impact.

Desrosiers:

- The number of COVID cases and hospitalizations of cases may be slowing but the negative impact on hospital resources grows and is becoming harder to manage.
- We need a separate list of recommendations to push forward to SDMAC.

Hiller:

- As we have seen in the media, segments of the state that are re-opening still show many people not abiding to social distancing directives.

Burney:

- To Kevin's point on the further impact on hospitals, if we do create recommendations it will fall on the SDMAC to decide how to proceed with them.

Hiller:

- The more crowds of people not complying with wearing masks and social distancing, the greater likelihood of more COVID cases.

Hodder:

- We should focus on the how best to support the hospitals ability to work through surge incidents throughout this crisis. What EOs should stay in place and determine if there are others that should be considered.

Call ended at 3:50 p.m.

FINAL