

Conference Call Convened at 9:00 a.m. Eastern Daylight Time

✓ **Present:**

- ✓ Jonathan Ballard, MD, MPH, MPhil – NH Department of Health and Human Services, Chief Medical Officer
- ✓ Kathy A. Bizarro-Thunberg, MBA, FACHE – Executive Vice President / Federal Relations, New Hampshire Hospital Association
- ✓ Charles P. Burney, MD – Resident, General Surgery and Leadership Preventive Medicine
- ✓ Michael Calderwood, MD – Infectious Disease and International Health, Dartmouth Hitchcock Medical Center
- ✓ Rep. Polly Campion, MS, RN – New Hampshire House of Representatives
- ✓ Patricia E. Clancy, MD – Pleasant St. Family Medicine, Chair, Concord Hospital Ethics Committee
- ✓ Carl Cooley, MD – Developmental Pediatrician
- ✓ Adam Crepeau – Policy Director, Office of Governor Chris Sununu
- ✓ James Culhane – President and CEO, Home Care Hospice & Palliative Care Alliance

Kevin P. Desrosiers, MD, MPH – Chief Medical Officer, Elliot Hospital and Elliot Medical Group Acute Care Services, Vice President of Medical Affairs, Physician - Critical Care and Preventive Medicine

Jeff Dickenson – Advocacy Director, Granite State Independent Living

- ✓ Paul Drager, JD – MedEthics Consulting
- ✓ Anne Edwards, Esq. – Associate Attorney General, NH Department of Justice
- ✓ John E. Friberg, Jr. Esq. – Chief Legal Officer, Manchester and Nashua SolutionHealth
- ✓ Marc D. Hiller, MPH, DrPH – Associate Professor, Department of Health Management and Policy, College of Health and Human Services, University of New Hampshire

- ✓ Lucy C. Hodder, JD – Director, Health Law and Policy, Professor of Law, University of New Hampshire, Franklin Pierce School of Law, Institute for Health Policy and Practice

Richard Levitan, MD – Emergency Medicine, Littleton Regional Hospital

- ✓ Kenneth Norton LICSW – Executive Director, National Alliance of Mental Illness, New Hampshire Chapter
- ✓ Debra Pendergast – New Hampshire Department of Safety, Director of the Division of Fire Standards and Training and Emergency Medical Services
- ✓ James G. Potter – Executive Vice President/CEO, New Hampshire Medical Society
- ✓ Susan A. Reeves, EdD, RN, CENP – Chief Nurse Executive, Dartmouth-Hitchcock Health Executive Vice President, Research & Education, Dartmouth-Hitchcock, Clinical Professor, Department of Community and Family Medicine
- ✓ Kate Riddell, MD – Anesthesiologist, Southern New Hampshire Medical Center
- ✓ Rae Ritter, MSN, APRN-CRNA – President, New Hampshire Association of Nurse Anesthetists
- ✓ Luanne Rogers, RN – Administrator, St. Theresa's Rehabilitation and Nursing Center
- ✓ Justin Romello – New Hampshire Department of Safety, Bureau Chief, Division of Fire Standards and Training and EMS
- ✓ David Ross, Administrator – Hillsborough County Nursing Home
- ✓ Sedden R. Savage, MD, MS – Addiction Medicine and Pain Medicine Clinician, Advisor to Dartmouth Hitchcock Substance Use and Mental Health Initiative
- ✓ Jason Shaw, RRT – Respiratory Therapist Lead, Catholic Medical Center
- ✓ Sen. Tom Sherman – New Hampshire Senate

Steve Surgeoner, MD – Anesthesiologist, Dartmouth Hitchcock Medical Center

- ✓ Elizabeth Talbot, MD – New Hampshire Department of Health and Human Services, Deputy State Epidemiologist, Dartmouth Hitchcock Medical Center, Infectious Disease Clinician
- ✓ Robert Theriault, Jr., BSP Pharm, MB, RPh – Director of Pharmacy Services, Wentworth-Douglass Hospital

- ✓ Joan C. Widmer, MS, MSBA, RN, CEN – Nurse Executive Director, New Hampshire Nurses Association
- ✓ Tom Wold, DO – Chief Medical Officer, Portsmouth Regional Hospital
- ✓ Carole Totzkay, MS, CHES® - New Hampshire Department of Health and Human Services, Committee Facilitator

Meeting opened by Jonathan Ballard with roll call. Ballard provided an update on COVID 19 in World, US and NH cases.

- Over 5 million cases globally
- Beginning to exceed 100,000 deaths in the US
- New Hampshire

New Hampshire 2019 Novel Coronavirus (COVID-19) Summary Report
(data updated May 28, 2020, 9:00 AM)

NH Persons with COVID-19 ¹	4,386
Recovered	2,730 (62%)
Deaths Attributed to COVID-19	232 (5%)
Total Current COVID-19 Cases	1,424
Persons Who Have Been Hospitalized for COVID-19	438 (10%)
Current Hospitalizations	110
Total Persons Tested at Selected Laboratories, Polymerase Chain Reaction (PCR) ²	66,862
Total Persons Tested at Selected Laboratories, Antibody Laboratory Tests ²	10,553
Persons with Specimens Submitted to NH PHL	23,267
Persons with Test Pending at NH PHL ³	891
Persons Being Monitored in NH (approximate point in time)	4,050

County	Cases
Belknap	57
Carroll	46
Cheshire	55
Coos	5
Grafton	74
Hillsborough - Other	749
Hillsborough - Manchester	1109
Hillsborough - Nashua	396
Merrimack	331
Rockingham	1277
Strafford	263
Sullivan	17
County TBD	7
Grand Total	4,386

¹Includes specimens positive at any laboratory and those confirmed by CDC confirmatory testing.

²Includes 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.

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

- DHHS has increased resources and staffing for case tracing and testing. Recently seen a drastic increase in testing—both PCR and AB testing.

Committee Updates

Ballard:

- Meetings of the Recovery & De-escalation, Long Term Care (LTC), and the Mental Health & SUD sub-committees have occurred. We will have a brief report out later during this meeting.
- The State Triage Committee (STC) has met twice and is working on a clinical guidelines document e.g., central components needed; review of similar documents from other states, with particular attention to resource allocations.

Wold:

- Disparities and social determinants of health are a focus for the STC.
- They have good guidelines from MA and other states to consider. They should have a draft document to bring forward shortly.

Ballard:

- Equity resource allocation and inequities of impact of COVID-19 on the population and disparities within the population and health care access.
- Governor has created a task force to examine the latter. Equity relate to allocation of resources and adverse disproportioned distribution of resources during COVID-19. Task Force recommendations are within 30 days.

SDMAC Previous Meeting Notes

Ballard:

- Draft meeting minutes from the last meeting of the SDMAC are posted on the website.
- We should review and edit this document and recommend any needed changes. No comments on the minutes.
- Motion to approve by Jason Shaw, seconded by Susan Reeves.
- Minutes unanimously approved.

Clinical Guidelines

Ballard:

- The STC recommended against having any exclusion criterion in the guidelines. This would not prevent making clinical decisions directly with the patient.
- Committee looked at different scoring systems, such a SOFA and modified-SOFA, didn't want to use because these scoring systems are impacted by stages-of-life considerations.
- STC recommended avoiding looking at stages of life in general.

- STC wanted to ensure that the most persons receive resources, so a pregnant woman would receive priority over another individual. Stages could be used as a prognostic indicator, but not in an end to themselves.
- STC recommended considering use of trials when resources are available.
- STC encourages all hospitals have ethical teams/resources.
- All these considerations are being written into a Clinical Guidelines document that is nearly ready and will be released soon to the SDMAC and the general public at the same time. DHHS has a process for collecting feedback on documents.

Drager:

- STC spoke of the importance of palliative care, not sure where this discussion was incorporated in the guidelines.
- Statement: all patients who are unable to receive critical care resources or who have had them withdrawn will receive palliative care resources.

Hodder:

- What were the next steps for the STC?

Ballard:

- The STC will meet on June 5th.
- Department will create process for public posting and submitting feedback.
- The SDMAC will have time for to review the document and public feedback.
- At our next SDMAC meeting we will review.

Totzkay:

- Should we have any other ad hoc committees, such as pediatrics, geriatrics, disabilities, and/or palliative care as mentioned in the CSC document? Were these areas addressed in the guidelines?

Ballard:

- Yes. We looked at pediatric scoring documents. Persons less than 18 may be priority, especially if transfer to a pediatric center of care is possible.

Savage:

- Anticipated years of life has been used historically, can someone elaborate why stages-of-life was not considered?

Clancy:

- I don't think we don't need anymore subcommittees. The reason is it is felt to be discriminatory – ageism.

Savage:

- Just thinking about the issues perhaps another time we can discuss stage-of-life considerations.

Drager:

- In the original CSC, age in clinical prognostication was allowed.

Burney:

- I agree with Paul. Where we discussed life cycle and stages of age, if there is sufficient evidence to use it as prognosticator then you can use it.

Ballard:

- With the State's purchase of additional personal protection equipment (PPE) and ventilators and other work, we hope we would not need to use the clinical guidelines.

Mental Health and SUD Sub-Committee Summary

Ballard:

- Ken Norton were there any concerns and/or recommendations from the sub-committee?

Norton:

- We had good conversation, addressed a lot of issues (listed members on sub-committee).
- Conversation looked at several states broad definition of special populations; consensus of the committee was that New Mexico's definition was most comprehensive.
- Also looked at other special populations: refugees, SUD, frontline workers, children (short-term and long-term).
- Recommended looking beyond acute care settings, bring a more population focus to the whole CSC document.
- Spoke about data, Pendergast shared data from NH EMS call center and felt data should be considered in decision-making.
- Spoke on trauma grief and loss and how this affects all populations.
- Discussion of visitation policies and how this impacts families and frontline workers.
- The team needed some additional subject matter experts: Polly Campion and Dr. Seddon Savage added to the sub-committee.

Culhane:

- We need to share this information with impacted communities.

Facilitator Comment:

- Community Engagement is a critical foundation piece to comprehensive crisis standards of care per the Institute's of Medicine (IOM).
- There was agreement by the SDMAC to have a Community Engagement sub-committee.

Ballard:

- Great work done by sub-committee. We look forward to your additional work.
- DHHS is applying for grants from SAMHSA to use to share information and provide access to the mental health community.

Culhane:

- We also had a brief discussion of deliverables that get well down to the community worker level.

Norton:

- NAMI has worked on two SAMHSA grants:
 - First grant is for SUD community for \$1M to strengthen crisis response in 10 regional centers.
 - Second grant is on suicide prevention service for 16 months and \$850K for transition and follow up of individuals seen in the ED (this grant still pending).

Sherman:

- In the NH legislature, we are combining COVID-19 bills to have a truncated legislative session. COVID related bills have the highest priority.
- Telehealth has moved forward during this crisis.
- Many components of the Emergency Order #8 are in an amendment and incorporated into an omnibus bill with other existing bills.
- Next Tuesday we will have a hearing in the Committee on Health and Human Services on the bill. Hope to pass it and send to the Governor for signature. Many of telehealth advances have been incorporated in this bill.

Campion:

- Thanked Tom for the work that he is doing on telehealth.
- Several bills to allow integration and parity for telehealth services have been worked on. Mental Health Workforce Committee sent a letter to Governor requesting continuation of the related elements of the EO. Also, need to consider use of these mental health services beyond immediate crisis.

Ballard:

- Some community mental health services use dropped initially during the crisis, but has increased significantly since the telehealth capabilities were put in place, beyond pre-COVID-19 levels.
- Many are struggling with what to consider beyond the CSC and mental health issues seen as one of the important areas of consideration, in particular, the impacts on frontline workers. Telehealth is one of the ways to address these needs.

Hodder:

- Many are struggling with what to consider beyond the CSC and mental health issues seen as one of the important areas of consideration, in particular, the impacts on frontline workers. Telehealth is one of the ways to address these needs..

Ballard:

- Mental health services use dropped initially during the crisis, but has increased significantly since the telehealth capabilities were put in place, beyond pre-COVID levels.

Long Term Care Sub-Committee:

Ballard:

- The committee asked: What does crisis look like in LTC? What are impacts, how have the crisis been managed there? They also looked at staffing challenges now and moving forward.

Talbot:

- Epidemiology continues to reflect LTC community most impacted by COVID.
- Looking into ways to reduce impact and improve prevention response. Assessing supplies like PPE and ensuring correct use. Being proactive in terms of state surveillance systems, resident and staff testing including asymptomatic individuals. Giving this population a great deal of attention.

Ross:

- Productive meeting, spoke about aspects that are affecting LTC, staffing challenges how to supplement them, standards of care and how to modify in effect of crisis within facility, use of Javari to track resource problems so can be addressed.

Rogers:

- It is inevitable that all LTC facilities will be hit. Information sharing has been wonderful for providers. Testing is a key piece, on the frontline here and using this information to make good judgements.

Ballard:

- CDC recommendations on frequency of testing for LTC facilities. State has done baseline testing and putting together a plan to test all staff every 10 days (7-12 acceptable); establishing mechanisms to do this.
- Staffing heavily discussed: when see positive cases this results in cohorting patients and quarantining staff putting further stress on the staff.
- Temporary Health Partner (THP) role created by EO. NHES is working to create a new portal to bring new workers into this field, considering virtual employment fairs to help with this.
- State looking to create staffing teams that can be deployed for a short term period.

Sherman:

- Amazing effort on part of DHHS to address this issue, COVID-19 Alliance SST working to help with this.
- Biggest issue is communication; daily report with facilities has been helpful.
- Discussion of shifting PPE acquisition out of the State EOC. This is concerning to LTC facilities, not sure they can manage without this. Also, we need testing plans for the future as well.
- Need to consider visit policies and off-campus travel as we open up.
- Overarching message is to have best communication possible as the situation is moving rapidly.

Clancy:

- Facilities testing more regularly not sure why?
- Will there be an increase in funding as this is impacting staffing salaries?
- Will families be trained and allowed to care for loved ones?

Ballard:

- Using new CDC guidelines for testing plans, started with hardest hit areas first, now moving out across the State.
- Desire is no additional cost to patient above their insurance.
- Question about who is responsible to paying for employee testing – working on this to ensure no barriers to seeing the testing is done.
- No information on Medicaid reimbursement but does understand this is being looked into.

Ross:

- Family can be trained as THPs. There continues to be concern about families not working as employees coming into the facilities.

Talbot:

- Discussed testing plan and the plan will be shared with those impacted by it.
- A third of all COVID-19 cases are asymptomatic across the globe.

Rogers:

- LTC has been underfunded for a long time, so the staffing crisis existed prior to COVID19, funding needs to be addressed.

Recovery and De-Escalation Sub-Committee

Burney:

- Primary discussion was the need for guidance from STC on how to align plans across the community.
- Need recommendations on other considerations such as vaccine availability. How to prioritize these resources when they are available?
- Would like a needs assessment from hospitals regarding:
 - what information is needed to implement CSC ?
 - How this sub-committee can help them?
- There are a few hurdles to complete before the sub-committee can stand down.

Hodder:

- As work continues around de-escalation, how do we make sure every hospital has what it needs?
- The team discussed responding to emergencies outside the current crisis; may see triaging and scope of practice considerations continuing for a time.

Drager:

- If and when a vaccine becomes available need guidance from STC regarding prioritization of who will have access to the vaccine first and the roll out plan.
- Will there/should there be a triage process?
- How do we ensure that there are sufficient supplies to treat people for other emergency illnesses not related to COVID?

Ballard:

- A few of the alternative care sites (ACS) will be demobilized. Four ACS' will remain functional. The NHNG can quickly remobilize the ACS' if needed.
- The NHNG has been performing very valiantly with all the State's COVID missions.
- The Governor has requested an extension of the NHNG services to mid-August.

Clancy:

- Public health specialists and epidemiologists are best able to make the determinations relative to vaccine roll out plan; likely the CDC will establish guidelines for this.

Bizzaro:

- When there was a prior shortage of vaccine, allocations were made for at-risk populations. We can rely on this history for NH determinations.
- CEOs were supportive of the ACS demobilization with caveat that some remain open for now.
- Hospitals have added surge beds; which have not yet been accessed and are still available.

Next Steps Planning

Ballard:

- One month between meetings seems to have worked well to allow for sub-committee meetings.
 - Friday, June 26th is next meeting of SDMAC – 9am-11am.
 - Friday, June 5th is next STC
 - Wednesday, June 3rd is next Mental Health and SUD
 - Tuesday, June 2nd is next meeting of De-Escalation and Recovery
 - Still need date for LTC meeting the week of June 8th.
- The draft Clinical Guidelines will be posted on the NH CSC website for review.

Hiller:

- As the State begins to re-open, let us continue to think about prevention aspects of this crisis.

Open for public members for comment: No comments made.

Call for any further discussion or motion for adjournment. Clancy moved to adjourn, seconded by Ballard, unanimously approved.

Conference Call ended at 10:36 a.m.

Respectfully submitted by: Joan Widmer and Carole Totzkay