

RIDOH Provider Conference Call with the Office of the Health Insurance Commissioner

March 18, 2020

12:30 p.m.

1. *A family Dentist in Johnston reports that Sherwin Williams is carrying N95 masks.*
2. *Kent Hospital has concerns regarding aerosolization and the availability of PPE. How can providers and constituents support strategies to acquire PPE that is not from the federal government's supply chain?*
 - a. RIDOH is exploring all options, even outside of the federal government's supply chain.
3. *Can we drop from airborne to droplet precaution for non-aerosolizing procedures?*
 - a. *Close contacts of a confirmed case of COVID-19*
 - b. *Healthcare workers may continue to work while wearing a mask if their absence would cause a staffing hardship for their workplace.*
4. *Healthcare workers are being told not to come in to work if their child has potential symptoms (i.e., are sick and have not been tested).*
 - a. RIDOH will work on providing public guidance regarding this concern.
5. *Is it true that cost sharing is waived, including copay, deductibles and coinsurance? And, is psychotherapy covered?*
 - a. OHIC has required Cost-sharing be waived for COVID testing and for certain low-level telemedicine/telephone codes for Primary Care and Behavioral Health, specifically. Individual insurers may be waiving more patient cost-sharing during this period. There is no mandate to waive all patient cost sharing at this time.
 - b. Yes, Psychotherapy will be covered by the Telemedicine expansion.
6. *How can we prioritize healthcare workers for testing?*
 - a. Healthcare workers providing direct patient care are prioritized for testing. If a healthcare worker has mild symptoms, they should stay home, self-monitor, and self-isolate. To return to work, they need to have had no fever for at least 72 hours without the use of medicine that reduces fevers, must have all symptoms resolved and it must be at least 7 since the symptoms first appeared.
7. *Our colleagues at Rhode Island Hospital are masking essentially everyone. This is creating hardship among our staff in ICUs and EDs throughout the hospital. What is the opinion of the Department of Health on this? I want to make sure the supplies are being distributed in a fair fashion.*
 - a. RIDOH is aware that Lifespan has required all healthcare workers at their institutions to mask. We are supportive of this measure. Where there is adequate PPE, it is being left to the discretion of the local healthcare institutions. RIDOH is not offering an official recommendation at this time. Some of this masking is in response to known cases across

the healthcare setting and organizations should take this into account and certainly symptomatic healthcare workers.

8. *At outpatient dialysis facilities, there are limited dialysis nurses to begin with. If one of the dialysis nurses were to test positive for COVID-19, that would shut down multiple shifts at our dialysis facilities. Can dialysis nurses be given priority for COVID-19 testing?*
 - a. Dialysis nurses are healthcare workers. Their testing would be prioritized.
9. *As we see more PUIs in outpatient settings, like nursing homes, can we expect to have roommates and wing-mates tested? We don't have any settings in this state where we can do reverse isolation. Do we have a plan for this?*
 - a. The testing is not recommended for asymptomatic people. The question is, are we just going to start testing people without symptoms. Given the very limited supplies at this time, the answer would be no. We are doing our best to quarantine people who have been in contact with a case. In the case of a widespread suspected outbreak at a nursing home facility, we would likely strictly isolate all people with symptoms, and, as you are suggesting, people in contact should be self-quarantined for 14 days. As testing becomes more available, we would like to move to the model where we can test more people with symptoms across all populations.
10. *I am looking for verification on the insurance billing. We would like to do face-to-face in the nursing home by phone as well. Will that be allowable for the billing?*
 - a. Thank you for raising that. One of the points of liberalization of the Governor's Executive Order, when we look at our telemedicine state law, there was some reference to the location of the service, and that is being liberalized. When OHIC finalizes the rules, we will consider that issue.
11. *Visiting Nurse Home and Hospice in Portsmouth and Warwick has over 1,000 people on census but is not even on the wrung for getting PPE. Homecare throughout the state needs recognition to get PPE supply. On telehealth, it is only for physicians, and we would like that opened so visiting nurses are also able to take care of patients using telehealth.*
 - a. The PPE shortage is a problem and we appreciate what you are saying. When we receive product from the Strategic National Stockpile, there are certain rules we must follow in order to distribute. We will check with our PPE coordinator to see what we can do.
 - b. The original instructions that went out were more globally applicable to behavioral health and primary care. The codes that were specific were those where there would be no cost sharing. As this new telemedicine policy is coming forward from the Governor today we expect to be broader in our disbursement and provide telemedicine.
12. *We have patients we would like to actively start switching from Warfarin to some other oral anticoagulant and wanted to get a timeframe of when we can expect to hear from the insurers about the ability to have copays remain low. Warfarin is a generic medication. The oral anticoagulants are very expensive branded medications. We also have questions about access to other types of devices, such blood pressure monitors, glucometers, that we could use to connect to remote patient monitoring.*

- a. We have already requested that the insurers anticipate these issues. We will be monitoring them closely to see how they are adhering. Thank you for raising this. We will put this a specific issue that we will follow up with them on.

13. *What is your suggestion on doing nebulizer treatments in the office?*

- a. There have been some studies that report that when you deliver nebulized treatment patients are coughing and droplets are being aerosolized during that process. In the scheme of having limited PPE, we have had to think creatively with many of the providers. One option, if your layout and the weather is appropriate, you can try doing nebulized treatments outside in a covered area. You can also fill the nebulizer machine and instruct the patient or caregiver how to turn it on, and not have them turn it on until after the provider has left the room. You can hear when it stops so you can tell them to turn it off at that time and not enter the room for another five to ten minutes. Additionally, we've recommended that you cover as much of the machine and tubing with a chuck and disinfect the machine after use.

14. *RI Free Clinic has a high demand of uninsured and patients who have no access to primary care. These patients are calling and coming to the clinic. At this time, we do not have resources or capacity to accept any new patients. Where should we direct these patients?*

- a. HealthSource RI has opened an Open Enrollment period. Individuals may be eligible for Medicaid, and if they are not, they can purchase insurance. This is an opportunity for the last percentage of folks in Rhode Island who are uninsured to go through the Open Enrollment period and get insurance at this point in time.

15. *Is it okay to use NSAIDS for symptomatic relief with patients? I have been reviewing the literature and I am not seeing anything from the US stating that NSAIDS are not to be used on Corona patients.*

- a. The bottom line is that there is not enough evidence, however the WHO did also recommend to avoid NSAIDS in COVID-19. My suggestion would be, until we know more, to consider potentially avoiding NSAIDS. The medication that people are being directed to is acetaminophen.

16. *I am looking to clarify guidance surrounding the return to work policy. On Monday, RIDOH said the symptoms needed to be resolved, but in the Provider Advisory it says just improvement of symptoms. Can you please clarify?*

- a. RIDOH's guidance often changes because the guidance from the CDC changes. Because of the change to the CDC guidance, we have moved to a minimum of 7 days, and it assumes you have had three days of improvement without antipyretics, or your other symptoms have improved. The only exception to that would be if you had testing available, there might be a way to put someone back in play sooner if there was a negative test. See the current guidance below:

When can a person with COVID-19 stop home isolation?

People with COVID-19 who have stayed home (home isolated) can stop home isolation under the following conditions:

- ***If you will not have a test*** to determine if you are still contagious, you can leave home after these three things have happened:
 - You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers)
AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved)
AND
 - at least 7 days have passed since your symptoms first appeared

- ***If you will be tested*** to determine if you are still contagious, you can leave home after these three things have happened:
 - You no longer have a fever (without the use medicine that reduces fevers)
AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved)
AND
 - you received two negative tests in a row, 24 hours apart. Your doctor will follow [CDC guidelines](#).

17. Are there strict guidelines on when to intubate a patient with COVID-19?

- a. This is a moving target. There are no evidence-based strategies at this point. There is certainly some experience from our colleagues in China who have already dealt with this. We have an Infectious Disease Committee meeting today with critical care doctors. Please email Dr. Chan or Dr. Clyne to be added to the list.

18. Can you tell us more about the respiratory clinics and people seeing patients in their cars? Is there a forum where folks who are interested in different topics can discuss things and what they are doing?

- a. Ocean State Urgent Care has 10 sites in Rhode Island and decided to designate three of their ten sites to direct patients. They developed screening questions at all their sites to then direct all identified patients to the three sites. Ocean State Urgent Care decided to see patients in their cars, other places are seeing patients in their rooms, or tents in the parking lot. Some places are having people wait outside in the parking lot in their cars and calling them into the office when their appointment time is ready.
- b. Before the end of the week, one goal of RIDOH's is to practices to find out how they are structured, see if something like this would work, so that we can, within existing systems of care, see if there can be an obvious pooling of resources within that structure, which would allow for more efficient use of PPE and more safety for both the healthcare workers and the patient.

19. *I have a question in relation to patients who work in Rhode Island but may live in Massachusetts. Are positive tests relayed to RIDOH? I was also told that patients from Massachusetts who are tested were only informed if the test was positive, and don't receive information if the test is negative. Can you comment on that?*

- a. At least in Rhode Island, we are informing every patient of their result through their healthcare provider or to the patient directly if we do not have provider information. If a person lives in Massachusetts and works in Rhode Island and they are tested, they are counted as a Massachusetts case. The State where the person lives does the contact tracing.

20. *I was wondering about the telemedicine coding. I know it is for primary care, but as ENTs, we get a lot of respiratory and primary care-kinds of calls from our patients. Will they extend the telemedicine to the ENTs?*

- a. We are actively working to determine what medically appropriate services can be done through audiovisual or audio alone, and we will be coming out with that guidance soon.

21. *I heard some of the hospitals are doing their own testing for the COVID. Is this true, or do hospitals still send specimens to the State Health Lab?*

- a. As of today, Rhode Island Hospital is the only place that is doing testing. We understand that Kent is coming online in a week or two. Right now, the limited testing capacity is impacting everyone nationally.