OPCA COVID-19 Member Briefing

January 5th, 2021, 2pm EST

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- If you are joining using phone audio, please make sure to enter your Participant ID.
- Please share your camera when you are speaking if you would like participants to see you.
- The chat is available for comments or questions.
- This session is being recorded.
Dr. Geiger was a leading proponent of “social medicine,” the idea that doctors should use their expertise and moral authority not just to treat illness but also to change the conditions that made people sick in the first place: poverty, hunger, discrimination, joblessness and lack of education.

TODAY’S AGENDA

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Purpose of COVID-19 Member Briefings:

Provide members with up to date information and resources for testing, vaccines and any emerging COVID-19 response needs.

Member Briefings will take place: First Tuesday and third Wednesday of the month at 2pm, January – March 2021
Warm Up Poll

What did you accomplish in 2020 in spite of, or because of the COVID-19 Pandemic?

*Respond in chat*

What are you the most concerned about at your health center right now?

*Respond using menti poll on next slide*
Mentimeter- Issues & Concerns Poll

Go to www.menti.com and use the code 30 45 24 6

What are you the most concerned about at your health center right now?

*Keep this menti open for questions at the end of this presentation.*
OPCA & CHC Vaccine Response

New OPCA Vaccine Workgroup and Open Space calls!

Email us to join the workgroup email list and get the invitation for our first open space call taking place on Wednesday, January 13, from 8:30am - 9:30am.
OHA selected 27 community members to serve on its Vaccine Advisory Committee.

COVID-19 VAC meetings will begin on January 7, 2021 with an optional meeting on Tuesday, January 5.

Meetings will occur weekly until COVID-19 vaccine sequencing plans are completed in February 2021. COVID-19 VAC meetings are open to the public.
Oregon Phase 1a Plan

OPCA Update:
- Started working with OHA Vaccine Allocation group
- Getting FQs recognized for the at risk populations served.

https://covidvaccine.oregon.gov/
https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3527.pdf
Current Stage of Enrollment for FQHCs

- Each site needs to sign up as a COVID provider in Alert (https://immalert.oha.oregon.gov/)
- Each site must fill out a survey about who they serve or they will not receive an allocation. Here is the link: https://app.smartsheet.com/b/form/53411c0c76654d7bbce1722c568be434
- Sites that have less than 100 employees in the 1a group will still want to sign up so they will be vaccination access points in the future. However, may need to work with their LPHA to order a smaller dose number through the LPHA to cover their staff. (minimum dose is 100 doses)
Vaccine Updates - Today from OHA

All of Phase 1a is now open!

The OHA is shifting its approach from one where Phase 1a vaccine sequencing was required, to allowing anyone included in Phase 1a, Groups 1-4 to be considered eligible for vaccine at this time.

Providers and vaccine sites should vaccinate in a manner that provides the greatest efficiency to maximize vaccinations, however to the extent possible providers should follow the sequencing outlined in the Plan.

Provide link to the Memo from OHA on Phase 1a
When will FQHCs get Vaccine for Staff?

Over 100 Employees:

As early as tomorrow, Wednesday, January 6\textsuperscript{th}!

These are first dose allocations. You do not need to save \( \frac{1}{2} \) of them for later.

Under 100 Employees

You will have to work with other providers (Hospitals, other FQHCs or Local Public Health)

If you want support in finding a vaccine provider to team up with please let us know.
COVID-19 Vaccine Safety

**CDC: What Every Clinician Should Know about COVID-19 Vaccine Safety**

**Materials include:**

- A guide for building vaccine confidence within health systems, medical offices and clinics
- Turn-key slide decks for immunization coordinators, the healthcare team and other healthcare personnel with information about COVID-19 vaccines, tips for building vaccine confidence, and tips for having effective vaccine conversations with patients
- Posters, fact sheets, FAQs, and social media
- Printable buttons/stickers for staff to wear once they’ve gotten their vaccine
- A video describing how ACIP makes recommendations and advises CDC on the use of vaccines in our country
- [View Toolkit](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/hcp.html)
Vaccine Questions & Updates

Adverse Reactions:
• Possibility of anaphylaxis?
• Where to let people sit and wait?
• Epi pens allocated?
• Other precautions?

Vaccine Handling:
• Don’t shake vaccine vials. It will inactivate it.
• If transferring vaccine be sure it’s frozen.
HRSA COVID Survey Changes

New Vaccine Questions!

UPDATED: Coming in January: New Health Center/Look-Alike Survey Questions

**Please note: This is updated from the information we published in a bulletin last Friday.**

HRSA’s new questions will appear beginning in the survey you receive on Friday, January 8, 2021.

- How many health center staff members have initiated their COVID-19 immunization series in the last week?
- How many health center staff members have completed their COVID-19 immunization series in the last week?
- By race and ethnicity, how many patients have initiated their COVID-19 immunization series in the last week?
- By race and ethnicity, how many patients have completed their COVID-19 immunization series in the last week?

HRSA will remove two existing questions about tests for antibody detection (serology).

HRSA is also in the process of updating the survey user guide to be more user-friendly. Beginning in January, you’ll see question numbers and other improvements within the survey. Visit the user guide where you can quickly “jump” to instructions related to a specific question.
COVID Data: Quick Look
Week of December 18, 2020

- Oregon FQHC’s COVID positivity rate is 17%
  » Comparatively, OHA reported a positivity rate of 6% for the entire state

- Patients of a racial and/or ethnic minority make up a majority of the positive cases at 68%

- CHC capacity is getting higher, at 89% of weekly visits compared to pre-COVID visits
  » However, 5% of CHC staff cannot work and 11 CHC sites are closed
HRSA Updates

The third COVID-19 progress report for HRSA-funded health centers is also due by 11:59 p.m. ET on Wednesday, January 13. The reporting module is now open in HRSA’s Electronic Handbooks. Progress report resources that detail requirements are available on these TA webpages:

- FY 2020 Coronavirus Supplemental Funding
- FY 2020 CARES Supplemental Funding
- FY 2020 Expanding Capacity for Coronavirus Testing (ECT) Supplemental Funding
- View the progress report TA webinar for additional guidance.
Federal: Consolidated Appropriations Act, 2021

“Omnibus bill”

- House + Senate passed $1.4T omnibus bill for the remainder of FY 2021
  - Included $900B in emergency COVID-19 relief
  - Signed on December 27, 2020

- CHC Impact:
  - Mandatory and Discretionary Funding
    - 3 YEARS of Mandatory funding from FY2021 – FY2023 at $4B/yr
    - Discretionary funding at ~$1.7B (appropriations) for FY2021
  - Teaching Health Centers with GME + National Health Service Corps
    - $310M/year for NHSC for 3 years (FY2021 – FY2023)
    - $126.5M/year for THCGME for 3 years (FY2021- FY2023)
Federal: Wins for Health Centers

• Provider Relief Fund Fixes/Funding:
  » Additional $3B general allocation and flexibility to calculate lost revenues

  • NACHC believes the intent of the PRF fix in the current legislation is to make it easier to use the lost revenue prong of PRF as a justification to keep the funds and, it gets rid of the calendar year 2019 to CY 2020 comparison (as opposed to a month-by-month comparison of losses or budgeted year 2020 to what actually happened). This is very important since many providers experienced financial improvements as the year went on and may not have a loss for CY 2020.

  • However, none of this helps explain the key unknowns for us, i.e., what does “obligated to reimburse” in the CARES Act mean? And other FAQs that implicate grant funds for patient care (like you have to spend all of those dollars first), so for Health Centers we still don’t have the clarity on the use of PRF that we need.” NACHC’s attorneys are still reviewing the final bill at this time.
Federal: Wins for Health Centers

• Paycheck Protection Program Funding
  » $284B added to program for “second-time loans”
  » Qualifying for a second loan:
    • Employ 300 or fewer workers, instead of the current 500-employee threshold.
    • Demonstrate that they had at least a 25% reduction in gross revenue during a quarter in 2020 compared with the same period in 2019, with some exceptions.
    • Exhaust their first loan before receiving a second one.
    • Note: SBA has 10 days to issue guidance on these loans.

• COVID-Relief Funding ($69B)
  » CDC - $8.75 billion total for CDC-wide activities to distribute, administer, monitor and track vaccination, including $4.5 billion for State, local, territorial and Tribal health departments and $300 million for targeted efforts in high-risk and underserved populations (monitoring CHC eligibility)
  » ASPR (Office of Assistant Secretary of Preparedness and Response) - $22.94 billion for research and development, including $19.69 to BARDA (Biomedical Advanced Research and Development Authority) for vaccine, therapeutic, supply development and procurement and $3.25 billion for the Strategic National Stockpile
  » Public Health Social Services Emergency Fund - $22.4 billion for testing/tracing to States, of which $2.5 billion is targeted to improve testing and tracing in high-risk and underserved population. (monitoring CHC eligibility)
Federal: Telehealth and Broadband Funding

• $7B for broadband activities:
  » $1 billion for grants to tribal governments for broadband deployment, telehealth, and distance learning.
  » $300 million for grants to partnerships between state and local governments and broadband providers, to support rural broadband deployment.
  » $285 million for a new Connecting Minorities Communities Fund to be used for a pilot grant program to support broadband service and equipment purchases at HBCUs and Minority-Serving Institutions to encourage broadband deployment and adoption in the areas around them.
  » $250 million for the FCC’s Covid-19 Telehealth Program to cover health-care providers’ expenses for providing services using communications equipment.
Federal: Other funding/policies that supports CHCs

- **Unemployment**: An additional $300 per week in federal unemployment for 11 weeks.

- **Personal Stimulus Checks**:
  - $600 for individuals with incomes of $75,000 and below, phased out until $100,000
  - $1,200 for joint filers with incomes of $150,000 and below, phased out until $200,000.
  - For persons who qualify above, an extra $600 per child dependent.

- **Rental Assistance**: $25 billion in federal funding to extend the moratorium on evictions until January 31, 2021
117th Congress
Electoral College certification

• 117th Congress sworn in Sunday, January 3rd.
  » Oregon: New representative: Cliff Bentz (replacing Greg Walden)
  » House: Rep. Nancy Pelosi, D-CA, re-elected as House Speaker
  » Georgia election TODAY determines Senate majority

• Presidential Election certification
  » On Jan. 6, the Senate and House meet jointly to open and count certificates of electoral votes from the 50 states and the District of Columbia.
  » Numerous members in the House and Senate are expected to object to the official electoral results from some or all of six states won by President-elect Biden.
  » Because the House has a Democratic majority and several Republican Senators opposed to overturning the election results, the election results are expected to stand.
Federal: Next steps with 117th Congress

- Additional CHC-specific emergency COVID-19 funding
- CHC-specific COVID-19 vaccine funding
- Crucial extension, expansion, and reimbursement of Telehealth coverage and services
- Additional funding for critical Workforce programs to support health centers
- Protect and preserve the original statutory intent of the 340B Drug Pricing Discount Program
- Paycheck Protection Program (PPP) access to health centers with over 500 employees
- Access to emergency COVID-19 funding for Health Center Look-Alikes (LAL)
- Inclusion of health center capital infrastructure funding and allocations in any Congressional infrastructure package
- Administrative action to alter, restore, or rescind policies instituted under the current Administration, such as Public Charge, Non-discrimination protections, 340B Insulin/Epipen rule, etc.
Federal: 340B
HHS Legal Counsel Advisory Opinion 20-06 Contract Pharmacies Under the 340B Program

- Issued December 30, 2020
- HHS Office of General Counsel issued an Advisory Opinion concluding that **drug manufacturers must ship 340B-priced drugs to contract pharmacies**.
- With respect to recent manufacturer actions taken to stop shipping 340B-priced drugs to contract pharmacies, OGC states “To champion a policy, ungrounded in the language of the statute, that would foreclose 340B discounts to 95 percent of covered entities and foreclose discounts to the neediest of this cohort is inconsistent with the purpose of the Program and common sense.”
- Remember: opinion does NOT carry the force of law.
  - Thus, manufacturers may choose to continue current policy and hope the courts agree.
- Nonetheless, it is now on the record.
  - This means it would be difficult for manufacturers to convince the courts to agree with them
340B: ADR Rule

• 340B ADR Rule (Finalized December 14, 2020)
  » Reminder – effective January 13, 2021
  » The rule establishes an ADR process allowing: 1) covered entities to bring claims against drug manufacturers for overcharges on 340B drugs, and 2) manufacturers to bring claims against covered entities for diversion and duplicate discount violations.
  » Rulings enforceable by HHS, reviewable by a court
  » Key takeaway: gives covered entities ability to bring claims directly against manufacturers.
“Long” legislative session convenes on January 19, 2021
» Bill drafts will be available January 11; current count is over 3,200!
» First 3 months will be virtual; challenges for advocates and access to legislators expected
» Policy Committee meets next week to review known concepts and discuss legislative strategy in virtual space
Staff & Provider Resilience

Self-Care, Resiliency, and Stress Management for Healthcare Providers

Hosted by the HRSA-funded AIDS Education and Training Center
Monday, January 11, 2021
2:00-3:30 p.m. ET

Register here

https://www.safestrong Oregon.org/mental-emotional-health
Wellness & Happiness

Can I measure my own Happiness?
https://www.theatlantic.com/family/archive/2020/12/can-i-measure-my-own-happiness/617279/

Key Frameworks:
• Joy at Work
• Staff Engagement
• Trauma Informed Organizations
• Diversity, Equity and Inclusion (DEI)

How to Increase Happiness
https://www.theatlantic.com/family/archive/2020/04/how-increase-happiness-according-research/609619/?fbclid=IwAR38xVLtzgY6fnZsihTNMx1daGowgO-I4PBYSoyp7UrGPkC20iWlvMQkJEQ
Client Wellness – Training Opportunities

AVAILABLE ECHO PROGRAMS

Adult Psychiatry I
Chronic Pain and Opioids
Effective Systems forTreating Addiction
Substance Use Disorders in Hospital Care
Trauma Informed Care for Health and Allied Professionals

TO LEARN MORE ABOUT ECHO PROGRAMS OR TO REGISTER, VISIT:
WWW.OREGONECHONETWORK.ORG/PROGRAMS
OHA Updates

COVID-19 Information Sessions for Oregon Health Care Providers

Thursdays at noon

- OHA Informational Sessions Flyer
- ECHO Informational Sessions Flyer
- Informational Sessions Survey

OHA COVID-19 Healthcare Provider Webinars

Project ECHO Sessions for Clinicians

https://www.oregon.gov/oha/covid19/Pages/Healthcare-Partners.aspx
Surge Planning

Focus areas that fit well for an FQHC organizational structure.

• Community testing hub.
• Vaccination programmatic lead or primary driver.
• Alternate Care Site management (see https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html for this concept).

For those with mobile capacity:
Establish “cough and flu only” capacity away from routine patient care facilities to help reduce cross-spread of the virus from contagious to healthy patients.

Consider: How does winter weather affect mobile or outdoor testing capacity?
Integrating Primary Care and Public Health

The Douglas County COVID-19 Response Team

VIDEO

General Objectives for our COVID-19 Response

Minimize
- Minimize loss of life for Douglas County citizens due to COVID-19 virus through education, mitigation and containment

Protect
- Protect Medical System from being overwhelmed by COVID-19 cases coordinating long term strategic response plans and identifying local thresholds with appropriate local responses

Ensure
- Ensure safety of all health care providers by facilitating the acquisition and distribution of available personal protective equipment (PPE) by utilizing local, state and federal resources.

Ensure
- Ensure appropriate, timely and coordinated communications to cooperators and the public.

Support
- Support operational needs by leveraging available Douglas County Resources.
Testing Update

- Sarah Anderson and the Office of Rural Health - Testing and messaging partnership and CHC support.


Order more BinaxNow

https://www.orpca.org/ chc/operations/36-covid-19-resources

Sarah Andersen, Director of Field Services
Oregon Office of Rural Health
Email: ansarah@ohsu.edu
Phone: 503-444-1570
COVID Testing Billing

Are you experiencing any issues with billing for testing services?

• Billing for services using contract lab or BinaxNow tests?

One CHC response about BinaxNow Billing:
We are not billing anyone for the test itself. We are billing for office visits for many patients on whom we counsel prior to administering the test. I would say most commonly 99212 or 99202 as many of our patient's haven't been seen at our facility prior.
BinaxNOW Tests & Limitations

• Rapid, point-of-care antigen tests
• Require a trained professional to administer & CLIA waiver to perform
• Have not yet been validated in children or asymptomatic populations
• NAVICA App
  – Stores test results
  – Does not report to state
  – “Temporary mobile pass”: veneer of safety
Distribution: November - December

- Continuing distributions to counties, tribes, hospitals, FQHCs/RHCs
- SBHCs not covered by FQHCs
- Higher Ed Health Centers
- Urgent Care
- Primary Care
- Fire Stations
- Pharmacies
- Mobile units:
  - Schools
  - Congregate settings (i.e., shelters, ID/DD facilities, H2A housing)
  - Sites without a CLIA waiver or trained professional to administer
- DOC & OYA sites
- Gaps in federal distribution:
  - LTC, home health, hospice
Meeting Schools’ Needs

- BinaxNOW will be deployed to both K-12 and higher education to support testing of symptomatic students and staff and outbreak investigations.
- Integrate into higher education through student health centers.
- Integrate into K-12 through school-based health centers, partnerships with community healthcare providers and mobile units.
- Expand distribution to K-12 schools that opt-in to new on-campus testing option.
School Based Health Centers

**SHADAC Resource on COVID-19 K-12 School Opening and Closing Policies for the National Governor’s Association**

On behalf of the National Governor’s Association (NGA), SHADAC developed a resource highlighting states that have released data thresholds to guide schools, school districts, and other stakeholders in decision-making on full or partial school reopening. The resource also outlines common measures that provide the basis for determining thresholds and explores how measure definitions and thresholds compare across states. Currently, nine states publicly report status of a school region based on data thresholds, and 20 states report cases in schools on public dashboards.

https://www.nga.org/memos/covid-19-k-12-school-opening-closing-policies/
COVID-19 Testing and Security

Siouxland Incident and the “First Amendment Auditors”

- OPCA will not seek legal counsel for this on behalf of FQHCs.
- We recommend that you have your own legal council ready in case of incidents like this.

NACHC Memorandum sent from Feldsman + Tucker + Leifer + Fidell.

Managing Risk When Administering the COVID-19 Vaccine

• Part I: Health Center Staff

• Wednesday, January 6, 2021 @ 1 PM ET

Join FTLF attorneys Molly Evans and Dianne Pledgie tomorrow, Wednesday, January 6, 2021, at 1 PM ET, for Part I of the vaccine webinar series. Focusing on employees, the webinar will discuss how to determine whether you can (or should) require the vaccine for staff and what you can (and can't) do if staff refuse the vaccine.

Meeting Evaluation

Go to www.menti.com and use the code 30 45 24 6

Please rate your satisfaction with today’s briefing.

Let us know what information you plan to use from this briefing.
Where to find the latest COVID-19 information

- OPCA’s Member Update: Sign up at [https://action.orpca.org/newsletter_signup/](https://action.orpca.org/newsletter_signup/)
  - Check your spam or junk folders to ensure you are receiving these
- Visit OPCA’s website for COVID-19 resources: [www.orpca.org](http://www.orpca.org)
- Follow us on Twitter @OregonPCA
  Facebook @OregonPrimaryCareAssociation
  or LinkedIn: [www.linkedin.com/company/oregon-primary-care-association](http://www.linkedin.com/company/oregon-primary-care-association)
Thank You!