

VMG COVID-19 UPDATE

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Iss

Good afternoon.

Around the country people are beginning to realize the impact of the pandemic and the tension almost every segment of society is experiencing. What began as a regional outbreak on the west and east coasts and then in the south in places like Texas and Louisiana is spreading to the entire country.

There is a very real toll on the economy with high numbers of unemployment and job loss. There is also the very real toll in lives lost and burden of illness and isolation. These are not easily reconciled and we will be living with this tension for many months.

There are now more people who are pushing the idea that this virus is no worse than the flu (which, by the way, is pretty bad in lives lost, illness, and jobs impaired). But the flu has a vaccine and there are some treatments to lessen the symptoms and shorten the course. COVID-19 is worse. The *Boston Globe* published an article today on “what to tell people who think this is no worse than the flu.” Here are the five things to say:

Five things to tell someone who does not believe the coronavirus is more than the flu.

- “1. The coronavirus is more severe than the flu, more deadly than the flu, and it appears to spread more easily
2. Even with severe lockdown measures, the virus has killed nearly 70,000 Americans in just over three months
3. There’s still a lot we don’t know about how the virus behaves
4. It is true younger people are at a much lower risk of death from the coronavirus — but that doesn’t tell the whole story. They can still spread the virus and many are getting very sick (just not at the rates of higher risk populations).
5. There’s no proven treatment and no vaccine”

If that’s not enough, we’ll have to agree to disagree AND continue the policy of the Governor and public health officials.

National, State, and Regional

At his press conference yesterday, the Governor acknowledged that there is some potential good news. The rate of infection seems to now be going down. However, he warned, “we’re still very much in the fight.”

Regionally, our hospitals still have capacity despite a recent increase in admissions from nursing home (which seems to be resolving some now).

At VMG

First, a praise passed along by one of our ICMP Care Managers (from the Medicaid ACO), Sara White:

“I noticed throughout my calls and chart reviews that you all have been very busy with virtual visits. I also spoke to one of our iCMP patients this morning who was raving about your drive-thru lab team, I believe at the Florence office. Way to go VMG!”

And another one from Sara Boisvert who was working with a patient on scheduling a virtual visit:

The patient wanted to thank Sara and everyone here at VMG – she said “thank you to all our healthcare workers for getting up every day and doing all of our hard work to keep all of them safe.”

Sara was grateful to hear this from our patient and mentioned it even made her a little teary eyed! We are doing great things and it’s always so nice to receive these sincere messages from our patients!

Department Updates:

Eye Care. The department is actively considering other models that would allow them to safely return to seeing some patients including some forms of barrier protection to allow use of their equipment. They are also considering (and have piloted) using internet tools to do some exams. Other things being considered are spacing appointment to allow for sanitizing equipment and rooms, changes in hours, and running the optical shops on an appointment only basis.

Ambulatory Surgery and Procedure Center. The Center has been ordered closed by the Department of Public Health (DPH) (as have all ambulatory procedure centers in the state) since the early days of the pandemic. We are now working with staff and the GI and Anesthesia consultants on an action plan for reopening once the DPH gives the OK. It’s a bit more complicated than other departments due the regulatory burden and oversight as well as the nature of the patients and procedures themselves.

Billing has told me that they are getting calls from some patients who are receiving statements (bills) for virtual phone calls and visits and who say that they were not informed there are charges for these services. We are seeing language in some notes saying that the patient was informed and agreed. However, it is not clear if the language was from a macro and discussed or not. So this is a reminder that patients should be informed that we will bill a virtual visit (either for a phone or video/audio visit) for services that qualify.

I’m sure that virtual visits will remain with us after the pandemic subsides and it will become more standard of care and “ordinary” over time. But for now, while patients still experience them as novel, please remember to make sure they understand these are services and will be billed as services.

The trial of pediatric wellness visits outdoors yesterday went well. Mary Mitchel reports that we have a few more visits scheduled to continue to confirm the best processes and then we'll be in position to start scaling up.

Val Felton and Amy Rice report that we will continue to distribute face shields to staff requiring them and that we will have that done within a few days.

And now, this....



Thanks to the clinical staff at GHC for reminding us and our patients.

Remember that if you have a specific question about our processes or about COVID-19, you are welcome to use the "covidquestions" email address in the global address list.

Thanks once again for all you do for our patients, our colleagues and our communities.

I almost forgot. Please wash your hands (a lot), don't touch your face, maintain social/physical distancing (it works), wear a mask, and continue to take care of each other.

Be well,

Joel

Be patient; be mindful

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