



SORH COVID19 Learning Community Notes

National Organization of
State Offices of Rural Health

Call Date: April 9, 2020

NOSORH Welcome and Updates

Based on last week's discussion, we shared some information with CDC to help inform their rural briefings. NOSORH would be interested to hear if that was helpful.

Thank you to FORHP for their response to the Flex program extension; that was a direct result of the great communication we're having on these calls and being able to articulate that to FORHP.

Tammy continues to immerse herself in the regulatory components and keeps the website update. There are now two different COVID-19 resource pages to better help SORH find what they need.

- [COVID-19 Resources](#) – our general resources and regulatory guidance's
- [SORH COVID-19 Response](#) – includes these notes as well as resources you've asked to share with one another

Moving forward, NOSORH will include a *list of new resources each week* in the reminder of the Learning Community call.

Rural Challenges and Concerns

Certifying death certificates during the COVID-19 pandemic. Multiple states noted that they are communicating, or know others are communicating, that death certificates should include COVID-19 if it is present at the time of death. However, other clinically significant issue should be listed in addition to COVID-19. Though not significant, some have heard of under-reporting issues but not directly from their stakeholders.

- Upcoming CDC webinar on [Guidance for Certifying Deaths Due to Coronavirus Disease 2019 \(COVID-19\)](#) – NOSORH encourages you to share with your rural stakeholders.

Tribal populations are beginning to see large surges in AZ, NM, MT and ND with limited access to PPE; severe PPE shortages were particularly noted for the Navajo nation.

- AZ – held a town hall with the tribe yesterday. Tribal liaison will follow up more. A couple of physicians at hospitals where the populations are being transferred were part of the town hall, right now no shortage of beds.
- NM – the same is true in NM with Navajo and some of the Pueblo nations
- MT – people working in tribal clinics have tested positive, they are in lock down and experiencing outbreaks
- ND – at least 2 reservations have gone to a state of emergency, haven't seen a breakdown in numbers; general concern with regard to staffing of the tribal health program; ND-SORH programs are oriented to native elders, there is concern with taking care of the elders while socially distancing.

Orders for *PPE are being diverted* to the national stockpile and there seems to be uncertainty. Hospitals and clinics are trying to look directly to manufacturers, but there are reports of price gouging/bidding wars occurring. PA read that some facilities orders are being diverted to the national stockpile; that happened in ME.

- ME SORH had ordered for dentists and were "confiscated" to the national stockpile. They are soliciting bids from outside vendors to find more currently.
- To access the stockpile, typically the governor places the order through FEMA who will then use available data to distribute materials based on highest demand.



AL - the *FQHC look-a-likes* have been left out of the relief funding. They have applied for PPP that is not forthcoming quickly, they are petitioning the SORH for funding to fill the gap.

- LA same situation with RHC; they see the FQHC and CAH not getting the funding.
- FQHC look-a-likes funding under the cares act to allow for Medicaid payment is not going to be enough
- NACHC has had a lot of calls – some outreach to them may be helpful even to the NACHC.

ME asked if there is any federal guidance in regard to J-1s being relocated out of their service area.

- NH has been told that no J-1 can move to a non-designated area, can move if they are in a flex spot or another designated area, the process for adding a site. NH is asking them to let them know. On a PCO quarterly call it was heard that telehealth can be counted. Immigration attorneys at the national level are working to move on allowing for more flexibility, scanned versions of letters and e-signature. Have not heard anything from Immigration or State departments. Have picked up info from BHW or attorneys.
- HI senator has been talking about picking up legislation to allowing for this and to allow them to practice specialties that they may have had on their international license that they don't currently practice.

Identified Rural Strategies (and progress updates)

PA outreach to Anabaptist community (check examples on [SORH COVID19 Response](#) page), lots of great feedback on an article and posters have been disseminated to Amish and Mennonite and [CNN did an article on buggy drive up testing](#).

What tools are communities and hospitals using for communication?

- ME – State 'CDC' Director Shaw holds daily sessions, offers webinars and special call lines; the response from the public have shown their appreciation and gratitude for Director Shaw. "Keep Calm and Listen to Dr. Shaw".
- Michelle Rathman shared a good article. Impact is creating a set of messages on wellness at home.
- MT – seeing clinics and hospitals using humorous approach (seagull on a soap dispenser in a clinic)
- MT - creating Encourage"mint" card packages for hospital administrators, along with a social media card for each hospital. Saw a lot of traction all across the state on social media.
- MT – has been combing social media to monitor the efforts to sew masks; hospitals are posting pictures of health care workers using hand-sewn masks made by their community members.

Data visualization tools

- WI – National-level data tools are great for conversation starters but are built upon flawed assumptions. Focus on working with your local departments of health and universities to ensure accurate data to inform local decision-making.
 - RI – same caution, local data much more dire than the national model
- Some national tools to consider, when initiating the conversation, include:
 - Tableau
 - IHME



Identified Rural Needs

Gaps in Legislation or CMS Guidance

- NH – perceived gap is for profit RHCs, can't access many resources (particularly grant funding), FCC open up soon but needing something immediate
- SC – made note of the NARHC letter to CMS and that is on their website
- RI reports a level frustration among the NERHRT
- LA - there is no clarification about the 'phone-only' visits, the CMS is responding that there is a lack of guidance
- RI – dentist are being told to use medical codes for teledentistry, even though there are dental codes for this; and there are some non-aerosol products these codes require pre-authorization - not sure if this is a private insurance or CMS issue – in general there is a feeling that dentistry has been left behind, particularly for PPE.

Concerns regarding federally funded programs

- AL – reported that National HPSA update has been pushed back another year
- VA – reported that SLRP grants due has been moved up from mid-May to April 24th and there may be a cut at the federal level
 - In response, our partners at HRSA have informed us that each state should reach out to their Federal Project Officer to find out their specific due dates.
 - No comment on federal funding as this is a congressional/presidential issue.
- All **open** NHSC programs have been extended until May 21st; no communication directly to the PCOs but can be found in FORHP's weekly update.