



August 7, 2020

Economic Recovery Advisory Board
Public Health and Healthcare Workgroup
Attention: Randy Edeker, Suresh Gunasekaran and Kelly Garcia, Co-Chairs
1007 East Grand Avenue
Des Moines, IA 50319

RE: Request for Written Feedback from Hospitals and Health Systems Regarding
Recommendations for Proposed COVID-19 Pandemic Strategies

Submitted electronically via COVIDAdvisoryBoard@dhs.state.ia.us

UnityPoint Health appreciates the opportunity extended by the Public Health and Healthcare Workgroup to provide feedback specific to the State's collective response to the COVID-19 pandemic. UnityPoint Health is the nation's 13th largest nonprofit health system and the fourth largest nondenominational health system in America, providing care to both metropolitan and rural communities across Iowa, Illinois and southern Wisconsin. Through 400 physician clinics, 40 hospitals, 16 home health locations, 7 Community Mental Health Centers and 4 accredited colleges, UnityPoint Health is one of the nation's most integrated health systems. The health system employs more than 32,000 team members who are dedicated to serving the physical and mental health care needs of communities, with over 7.9 million patient visits annually.

Question 1: From your unique perspective in the state's public health and healthcare system, what worked well in the pandemic preparation and response? What did not work well?

Local, Regional and State Emergency Operations

In preparing to address the needs of Iowans throughout the pandemic, the strength of local relationships quickly emerged as a critical component in successful preparation and response. Existing relationships between health care providers, emergency management teams and public health professionals at a local level enabled quick action to form community response/Incident Command teams and address local needs. However, as the pandemic planning process progressed across the state, the introduction of new and additional emergency management operations structures created unintended complexities in response and execution. For example, as surge planning began in order to prepare to address potential outbreaks in communities across the state, confusion around roles and responsibilities in planning arose between local and county emergency management teams, Regional Medical Coordination Centers (RMCC) and the State Emergency Operations

Center (SEOC) team. Further role clarity for each team, clearly defining liaison officers for local, county, regional and state-level teams and gaining formal consensus on roles and responsibilities are recommended to streamline current and future pandemic response efforts.

Workforce Management and Statewide Enterprise Resource Pool

With the onset of the unprecedented COVID-19 pandemic, collaboration and rapid deployment of Iowa's dedicated public health and health care physicians, providers, clinicians and professionals from public and private sectors demonstrates the commitment to serving the needs of the state's population. Through contact tracing and publicly available COVID-19 testing options through Test Iowa, future planning to create a statewide enterprise resource pool emerged as a key opportunity to further prepare for future pandemics. UnityPoint Health supports a formal assessment and evaluation of resource needs for public testing offerings, contact tracing and other statewide pandemic-related needs. Further, the health system recommends that this assessment and evaluation process formally identify scope of workforce needs, best practices and inform the development of an enterprise resource pool that would include public health, health system and independent providers, and private-sector professionals. UnityPoint Health believes this process would provide an opportunity to ensure greater readiness for both current and future pandemics.

Personal Protective Equipment (PPE) and Future COVID-19 Vaccinations

Like other health care organizations, UnityPoint Health saw an immediate increase in the utilization and cost of personal protective equipment (PPE). For example, at peak levels in the spring, UnityPoint Health used 30,000 disposable isolation gowns per week; normal usage rate is 10,000 per week. Additionally, clinical protocols and requirements continued to evolve as new findings on COVID-19 were revealed, requiring the health system's supply chain team to continue to alter its procurement strategy in order to meet these evolving clinical standards.

The UnityPoint Health supply chain leadership team quickly moved to a flexible procurement strategy by establishing a multidisciplinary decision support team consisting of clinical, analytical, value analysis and contracting leadership. Use of this support team permitted quick and proactive decision making to meet the evolving needs of front-line clinical team members. Additionally, the health system's supply chain leadership team created a critical PPE daily dashboard to provide real-time information and a gap analysis for stock in hand and average daily usage for critical PPE supplies at both the regional and system level.

As mentioned earlier, streamlining the state's overall emergency management and operations structure will undoubtedly provide opportunities to further define the process for how PPE and future COVID-19 vaccinations are obtained and distributed to health care providers and facilities across Iowa. Additionally, clarification around the methodology used

to determine prioritization of PPE and vaccination distribution would serve as a key opportunity for improvement.

Data Science

UnityPoint Health needed a common tool Incident Command leadership could access in real-time, that simplified and automated various data streams so they could confidently make timely and informed decisions. To meet this challenge, the health system's analytics team created dashboards that became the 'north star' Incident Command leadership used to determine daily priorities. These tools set UnityPoint Health leaders up to be proactive, rather than reactive, because they could clearly see critical information – supply chain dashboards, reactivation modeling efforts and predictive modeling.

At the onset of the COVID-19 pandemic, the health system's PPE data was only available through inflexible reports coming out of its core enterprise resource planning (ERP) system. These reports were manually manipulated in spreadsheets, which slowed down the ability to assess future PPE needs and to execute timely decisions. The UnityPoint Health analytics team created a comprehensive dashboard that compiled PPE data to display meaningful information in real-time to ensure needed equipment and supplies could be deployed to hospitals and facilities based on current needs.

UnityPoint Health continues to appreciate the robust COVID-19-related data and summary statistics provided by the Iowa Department of Public Health (IDPH) and SEOC team. The data provides additional detail to inform the health system's internal and collaborative pandemic planning to best address individual patient and community needs. While UnityPoint Health recognizes the importance of data-sharing and evolving data needs as an integral part of pandemic response efforts, health care providers have continued to experience challenges in the multitude of data requests from local, county, state and federal response teams and agencies. Additionally, multiple changes in the cadence and volume of data requests, as well as a lack of data-sharing infrastructure between state and federal agencies, created confusion and inefficiencies specific to duplicative reporting among health care providers. For instance, hospitals have been required to submit duplicative COVID-19 utilization reporting to both the U.S. Department of Health and Human Services (HHS) through the national TeleTracking system and the IDPH through the EMResources system. Although UnityPoint Health received notification on August 3 that the IDPH "has been successfully certified to assume data submission on behalf of all hospitals in Iowa by the ASPR Regional Administrator," EMResources submissions are more burdensome for providers. The IDPH requires more data fields, more frequent data submissions, and manual uploads for each hospital (as opposed to multiple, automated uploads). To reduce reporting burden, UnityPoint Health urges the State to consider the automation of COVID-19 reporting for multiple entities as well as the reporting alignment (fields and frequency) to HHS guidance.

Telehealth and Innovation

With COVID-19-related federal waivers and the Governor's Proclamation of Disaster Emergency, UnityPoint Health and other health care providers have expanded use of telehealth services, connecting patients to vital health care services at home, in clinics, hospitals, emergency rooms, nursing facilities and more. These waivers and proclamations have afforded physicians and providers the ability to care for patients with chronic conditions in their homes and communities while eliminating potential exposure to COVID-19.

Since the start of the pandemic, telehealth visits have increased by more than 1,000 percent. The number of specialties providing high-quality health care services through telehealth has grown from 6 to 54, and the number of providers utilizing telehealth jumped from 15 to 902. Patients have responded very favorably to telehealth services, with the average patient satisfaction rating for UnityPoint Health virtual care visits topping 4.85 out of 5 stars. Additionally, the use of telehealth has enabled health care providers the ability to provide care to rural residents and communities that would otherwise not have local access to care and services. In 2020 alone, UnityPoint Health provided care through telehealth to patients residing in 78 percent of Iowa's rural zip codes.

UnityPoint Health has also made a recent investment in Bright.md, an AI-powered platform that provides a virtual front door through which patients can be triaged and receive care for hundreds of conditions or be routed for in-person care or video visits. These and other innovations are important steps in the health system's efforts to provide more convenient, personalized care in communities. Furthermore, telehealth provides an important opportunity to help keep patients healthy by providing greater access to high-quality care while driving down overall health care costs. UnityPoint Health continues to support permanent changes to policies and regulations that will enable the use of telehealth as an additional tool to deliver care to Iowans.

Specific to innovation, UnityPoint Health has leveraged its in-house innovation lab, 3D printing technology and worked with local manufacturers to produce gowns, shields and other PPE. Through these partnerships, the health system has gradually shifted production from single use options to equipment that can be safely sanitized for multiple uses.

As suspected and confirmed COVID-19 cases increased and hot spots began to emerge in rural markets with manufacturing facilities, UnityPoint Health recognized the need to track symptoms and leverage outpatient care settings in order to prevent an inpatient surge. With the support of key functional areas and UnityPoint Health Incident Command, the health system's Innovation department was able to quickly scale a deviceless remote monitoring tool called CareSignal. This tool provides care teams with real-time alerts on the health status of patients and helps support clinical decision-making and care delivery needs for patients.

Workforce Flexibilities

UnityPoint Health appreciates the recognition of out-of-state health care licenses to make available additional providers during the public health emergency. As a multiple state, integrated health system, this flexibility enabled health care professionals to be mobilized where most needed and in response to surges. Likewise, the State's recognition of Medicaid waivers, similar to Medicare waivers, was also vital to permit providers to practice at top of licensure to enable efficiencies and promote timely access to care. Of particular importance has been the ability of nurse practitioners (NP) and physician assistants (PA) to sign home health care plans and orders for Medicaid patients during the public health emergency. Given the shortage of physicians in Iowa, UnityPoint Health recommends that the State revisit advanced practice provider scope of practice to make permanent this flexibility in delivery of home health services.

Question 2: Moving forward, what tangible steps do you recommend the state take to address gaps in the public health and healthcare system?

UnityPoint Health recommends the following key steps to ensure gaps in the delivery of health care services to Iowans are identified and appropriately addressed:

- In partnership with the State's health systems, independent health care providers, local/county emergency management leaders, RMCC leadership and the SEOC:
 - Reassess the current Iowa COVID-19 operations to support and refine decision-making and communication structures;
 - Further refine and communicate the State's medical countermeasure dispensing plans, including information such as methodologies used for determining future prioritization of distribution of PPE, testing supplies and future vaccinations, among others; and
 - Proactively assess workforce needs specific to contact tracing and public testing, and develop a formal enterprise resource pool for current and future pandemic response efforts.
- Streamline and automate the COVID-19 reporting processes for Iowa's health care providers to reduce reporting burden and support a greater focus on care delivery.
- Implement permanent changes to health care delivery, licensure and payment parity policies and regulations that will enable the use of telehealth as a permanent, additional tool to deliver care to Iowans.
- Make permanent current pandemic-specific home health waivers that allow for licensed NPs and PAs to sign care plans and orders for Medicaid patients, thereby supporting top-of-license practice, effectively addressing the State's ongoing physician workforce shortage and ensuring Iowans with health care needs receive timely access to necessary services and supports.

Question 3: What top 3 actions would you prioritize from your response to the previous question?

UnityPoint Health recommends prioritizing the following three actions:

1. Further refine and communicate the State's medical countermeasure dispensing plans, including information such as methodologies used for determining future prioritization of distribution of PPE, testing supplies and future vaccinations, among others.
2. Implement permanent changes to health care delivery, licensure and payment parity policies and regulations that will enable the use of telehealth as a permanent, additional tool to deliver care to Iowans.
3. Make permanent current pandemic-specific home health waivers that allow for licensed NPs and PAs to sign care plans and orders for Medicaid patients, thereby supporting top-of-license practice, effectively addressing the State's ongoing physician workforce shortage and ensuring Iowans with health care needs receive timely access to necessary services and supports.

Question 4: Did your hospital system experience a loss of revenue or additional expenses due to COVID-19? If so, please quantify, including costs associated with physical structures and salaries, and reflective of any aid received during the pandemic.

Like health systems across the nation, UnityPoint Health hospitals, clinics, home care agencies and providers have faced unprecedented challenges as a result of the global pandemic. As anticipated, lost revenue from the pause in elective services and the costs of preparing for and responding to the COVID-19 pandemic have had a significant financial impact on the health system. UnityPoint Health has incurred significant expenses and continues to make substantial investments in additional supplies, equipment and technology needed in caring for COVID and non-COVID patients safely amid the pandemic. UnityPoint Health has taken important steps to ensure the health system emerges from the crisis in a position of strength with a clear plan for navigating the challenges that lie ahead.

- ***Focusing Resources:*** Following the guidance from federal agencies, UnityPoint Health facilities and clinics paused all elective services and procedures to help conserve supplies and equipment while caring for patients with COVID-19.
- ***Reducing Expenses:*** UnityPoint Health took action to reduce planned expenditures, including deferring or delaying capital projects.
- ***Changing Staffing Practices:*** UnityPoint Health implemented temporary changes in staffing practices to ensure the health system can continue meeting the health care needs of patients. Like many other hospitals and facilities, UnityPoint Health put in

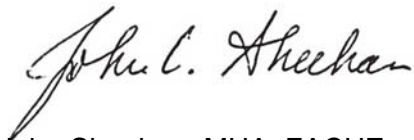
place short-term, limited reductions in hours for certain team members; temporary staff furloughs for areas not operating at capacity or experiencing closures; and a 15 percent average reduction in executive pay. While initial plans called for team member furloughs to last for up to eight weeks, more than 97 percent of furloughed team members have already returned to work as the health system resumes elective procedures.

- **Boosting Liquidity:** UnityPoint Health actively applied for and received funding from the federal government and the bond market and sought lines of credit in the private sector to ensure the health system has adequate cash on hand now and into next year to offset projected increases in operating expense. For the health system's hospitals, clinics and home care agencies within the State of Iowa, UnityPoint Health has received roughly \$240 million from the Medicare Accelerated and Advance Payment Programs. These funds are in the form of a loan to be recouped monthly by Medicare for a duration that this being negotiated by Congress. These payments will impact the health system's recovery and place pressure on its cash position during a period when the public health emergency is ongoing, and operations are still depressed from pre-pandemic levels.
- **Conducting Rigorous Oversight:** To ensure appropriate oversight and stewardship of taxpayer funds, UnityPoint Health has established a multidisciplinary COVID-19 Oversight Committee to monitor and track each of the funding streams.

While year-to-date operating losses are considerable, the health system's intentional efforts to focus resources, reduce expenses, boost liquidity and conduct rigorous oversight mean that UnityPoint Health remains strong and well-positioned for the future.

UnityPoint Health appreciates the opportunity to provide feedback on the COVID-19 pandemic and recommendations regarding future strategies and the recovery of our great state. To discuss feedback provided or for additional information on any of the addressed topics, please contact Ashley Thompson, Director of Government & External Affairs for UnityPoint Health, at Ashley.Thompson@unitypoint.org or (515) 537-6089.

Sincerely,



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