Medical, Health, and Logistics Subgroup Meeting of Governor-elect Gianforte's COVID-19 Task Force

Written Minutes

December 4, 2020

Meeting called to order by Kristin Hansen, Executive Director of Governor-Elect Gianforte's Task Force

Roll Call:

- Brenda Connelly, *COO, The Springs Living*
- Carley Robertson, *MD, VP of the Montana Medical Association*
- Cherie Taylor, *CEO of Northern Rockies Medical Center*
- Don Beeman, *Bozeman Health Board of Directors*
- Gwyn Palchak, RN, *President of District 7 Nurses Association*
- Heidi Duncan, MD, FAAFP, *Medical Director of the Billings Medical Clinic*
- Randy Swenson, *Owner, TenderNest Assisted Living*
- Pamela Cutler, MD, *President of the Western Montana Clinic*
- Scott Malloy, LCSW, *Montana Healthcare Foundations*
- Scott Gottlieb, MD, *Former FDA Commissioner*
- Tony Ward, PhD, *University of Montana*
- Mathew Quinn, *Adjutant General*
- Gregg Holzman, *State Medical Officer, Department of Health and Human Services*

Introductions by Kris Hansen

Invocation of blessing

Agenda Items:

- Actionable Data

- Making good decisions

- Risk Analysis

- Data: Idea what is public data, treatment data, testing data.

- Questions: who, why raw numbers unhelpful

- Missing data, logistical items

- Social concerns,

- Hospital data

Actionable Data Discussion:

- **Don Beeman**: Vaccination plan question.

- **Carley Robertson**: Explained North Central Montana Region. Group out of Kalispell Regional Medical Center regarding hospital data. Includes northern central region, Blackfoot, Benefis Hospitals. Gave specifics on beds, patients, vents available, ER patients. Said there is lots of hospital data and smaller regional data as well.

- **Kris Hansen**: Chief medical officer meetings. Data is available for specific categories. What is the purpose of that data and is it useful?

- **Carley Robertson**: Data of who has needs of what, etc.

- **Cherie Taylor**: State calls on Mon, Wed, Fri. asking about transfers, vents available. Staffing issues. Supplies and needs. Good use of time. Lets them know who has availability. We have beds; not enough staff. Opening alternative sites but missing staffing. We have capacities; Professional and lab persons are critical.

- **Gwyn Palchak**: We don't do enough testing. How many people are asymptomatic?

- **Carley Robertson**: Can't have asymptomatic good results. Takes 8 days. Testing is not good when its late.

- **Don Beeman**: Hospital data can be useful. Length of stay. Where to we intervene? So much more data available that we can use.

- **Gwyn Palchak**: Staying longer in hospital for quarantine. Why not allowing them to go home? How do we utilize this data?

- **Heidi Duncan**: Might be sending people home too quickly. People need to be there. Sees data from Billings Clinic. Data is there. Stay is 50% longer when they have COVID.

- **Kris Hansen**: Facility keeping track of data. What data is being used? Which pieces are valuable?

- **Pam Cutler**: There are levels of data. Capacity for non-COVID patients. Materials to prevent spread. Hospitals have economic ability. Some hospitals are going broke from COVID. Business aspect.
- **Kris Hansen**: Different kind of capacity. Data doesn't include other non-COVID beds. Capacity definition if different.
- **Gwyn Palchak**: Ability to staff beds.
- **Carley Robertson**: Agrees. Staff availability is significant.
- **Cherie Taylor**: Planning purpose. What is staffing capacity? Nurses are doing all jobs. Staffing is important.
- **Kris Hansen**: Asks Cherie Taylor "What is your capacity?" What kind of staffing do you need?
- **Cherie Taylor**: Staffing can only use 8 beds. Do not have the staff. One nurse per two COVID patients.

Staffing discussion:

- **Matthew Quinn**: Staffing is important. Staffing dependent.
- **Heidi Duncan**: Agrees that staffing is important. Explains her capacity of individual units and hospital overall.
- **Randy Swenson**: Discusses conversation with Billings ICU capacity.
- **Heidi Duncan**: ICU patients. More patients than ICU Beds
- **Kris Hansen**: Asks the difference.
- **Carley Robertson**: Explains distinction between ventilator and a BIPAP. BIPAP is far less invasive that ventilator down the throat.
- **Kris Hansen**: Is intubating more invasive?
- **Carley Robertson**: Explains intubation
- **Kris Hansen**: These are data points.
- **Gwyn Palchak**: Intubated-- have a tube. If long term they use a trach. Fine point. Most don't use a trach. Take out tube and put in a trach. Depends on ventilator.
- **Heidi Duncan**: Other important staffing members

- **Brenda Connelly**: Tracking data points.
- **Cherie Taylor**: Where we are getting crunched. Nursing homes are not able to transfer. Huge pressure point on our system. Nursing home patients. Nursing homes are at outbreak status.
- **Kris Hansen**: Restrictions placed on hospital to nursing homes and nursing homes to hospital. Who to decide who is transferred? Medical experts should be making the decisions.
- **Carley Robertson**: Agrees with Kris Hansen. Explains his facilities. Needs long-term care data. Out of outbreak status. Who has available beds? Still a matter of staffing.
- **Kris Hansen**: Definition of outbreak.
- **Carley Robertson**: Explains CDC documents. Guidance for healthcare workers.
- **Brenda Connelly**: Doesn't make sense.
- **Kris Hansen**: Depending on size of facilities. Fixing the definition of outbreak status.
- **Cherie Taylor**: There has been a solution. How to handle long-term care and keeping them open. Can't shut everything down.
- **Kris Hansen**: Ask for names and document.
- **Don Beeman**: Data is key. Need to identify problem. Might be wasting resources. Question of discharges and data use are important.
- **Kris Hansen**: Transfer question: could make decisions about. EMT questions. How do you transfer patient? Are they overworked? Concerns and staffing
- **Carley Robertson**: Involved in transfers. Medical director, ambulances. Staffing has been an issuer. Hard to find volunteers. Finding PPE for staff has gone well. Explains questionnaire. Distance is concerning
- **Kris Hansen**: Volunteer emergency workers an issue.
- **Matthew Quinn**: EMS services across the state. Transfer: How to handle involuntary transfers? What are the rules?
- **Kris Hansen**: Load balance problem. Facility handling
- **Cherie Taylor**: Transfer is a crisis. There is a need. Explains her transport issues.

- **Carley Robertson**: Agrees.
- **Cherie Taylor**: Staffing is still a problem with transport.
- **Carley Robertson**: Ambulance services have nothing to do with the staffing. Board of medical examiners decides. Explains usefulness. Staffing issuer remains.
- **Kris Hansen**: Staffing. Variance in who can work and when. Is it safe for COVID positive to work? Is it safe for employee? Is it necessary for staff to quarantine for 14 days? Debate in nursing community if possibility of exposure. How to protect them?
- **Carley Robertson**: CDC document 2020. Options to reduce quarantining. Refers to contact. Refers to specifics and guidance when health care workers can work if positive and asymptomatic.
- **Heidi Duncan**: Unified heath care. Explains quarantine recommendations for staff to return. Testing is important.
- **Pam Cutler**: Work quarantine program in Missoula County. Very Helpful.
- **Kris Hansen**: Agrees that is important. Part of solution is to have appropriate guidance. Not one size fits all. How can we write appropriate guidance that is tailored to unique situations?
- **Carley Robertson**: Nursing staff is being rotated more than medical staff.
- **Pam Cutler**: Have to have guidelines.
- **Don Beeman**: Staffing decisions are a game changer. Do we want to engage discussions with universities and colleges to get more medical and nursing students quicker?
- **Matthew Quinn**: Contract medical support. President Trump has extended National Guard support. Continue supporting medical staff. CNA support. Explains medical support. Contract with New West. Constant discussions with New West.
- **Kris Hansen**: New West staffing questions.
- **Matthew Quinn**: New West staffing statewide. Will get a list of where New West staffing is residing.
- **Randy Swenson**: Needs some balance. Unemployment issues. Concerned about people not working. Choosing to not work. Feels it is a problem regarding staffing. Need to take a hard look and unemployment.
- **Kris Hansen**: Contacting Department of Labor to get info on unemployment.

- **Tony Ward**: Are there modeling efforts at state level?
- **Matthew Quinn**: Models are out there. Relying CMO calls. Public Health calls.
- **Tony Ward**: Explains model trends at University of Montana. Good tool for data.

Testing Discussion:

- **Kris Hansen**: Three types of tests. Each test has a specific purpose. Who, when, and why? What is being done with results? What is the message that is being sent to the public? Confusion and fear in the community. State reporting massive data without explanation. What does an effective scheme look like? Lab reporting.
- **Pam Cutler**: Montana's progress. Public's perception of testing seems different from medical perception. Has value to public. Testing has done a good job for what we need it for. Public health departments are overwhelmed.
- **Kris Hansen**: Confusing for public. Not coordinated among facilities. Need priority testing. Rational testing. What is the problem we are trying to solve? Need to come up with a strategy. Do we need testing plans?
- **Don Beeman**: If you are a candidate, then we all should get tested. Explains necessary vaccine program. Decision process for testing. Market assessment.
- **Kris Hansen**: It's a component of it. Risk based analyst. There has to be a test protocol. Need to use accurate data for vaccinations.
- **Don Beeman**: Vaccines are used every day. School requirements, etc.
- **Kris Hansen**: Have to get to a level of actionable data regarding vaccines.
- **Cherie Taylor**: Some data suggest who is a higher risk. Quick testing for emergent cases. Different levels of criteria.
- **Kris Hansen**: What are the criteria? Examples of different workforces. Rapid testing. Message to public that businesses are safe. Need a distribution plan for other sectors.
- **Pam Cutler**: No rapid tests that are really accurate. Not the technology.
- **Carley Robertson**: Goals of vaccination program. Can't predict. Need a goal for a result. Medical goals are different from public goals. Messaging is huge. Useful tools.

- **Kris Hansen**: Complete void of information to the public. Misinformation.
- **Brenda Connelly**: Long term care hasn't experienced same turn around time. Sending tests out of state. Can't make actionable decisions.
- **Kris Hansen**: No prioritization of testing and getting results back.
- **Greg Holzman:** Explains PCR test, Antigen test, and Antibody test. Benefits and challenges with all the tests. Agrees that tests are different and dealing with the unknown.
- **Heidi Duncan**: Supplies are limited is a reality.
- **Greg Holzman**: Agrees that supplies are limited and hard to get. Caused a lot of frustration with larger facilities. Feels they are doing better on getting supplies. Discussed Testing strategy plan. Some issues trying to meet up with supplies.
- **Kris Hansen**: Better understanding of "WE". Is the state only supplier?
- **Greg Holzman**: "We" is the state. Explains how supplying work through the state. Other avenues are starting to open again and how much.
- **Kris Hansen**: Distribution question. Test and analyses.
- **Greg Holzman**: Explains where tests went. Allocated to different communities. Public Health programs. Hospitals helpful for working quarantining issues.
- **Matthew Quinn**: Driven by Federal Gov't. Supplies are being bought up by Federal gov't and distributed. Testing supplies are regular now.
- **Kris Hansen**: Access to testing supplies.
- **Greg Holzman**: Have put out priority processes. Explains how tests are run. State, courier service, 3-5 hours. Partnerships with MSU and U OF M and MACO.
- **Kris Hansen**: Contracting out services.
- **Greg Holzman**: Facilities falling behind. Turnaround time.
- **Kris Hansen**: Need a logical plan.
- **Matthew Quinn**: Regional of testing.
- **Kris Hansen**: Prioritize who gets test.
- **Heidi Duncan**: Clinical prospect. Things can change weekly.
- **Kris Hansen**: Agrees there are limitations. But must do better

- **Don Beeman**: Goal is to minimize mortality. ACIP. Advisory Committee on Immunization Practices.
- **Gwyn Palchak**: Vaccine for frontline workers and will prioritize after that. Blanket testing. Different ways to prioritize.
- **Kris Hansen**: Governor Bullock has assessment group. Goal is for improving.
- **Greg Holzman**: Testing point, Federal govt. Public health prospective. Mass testing. ACIP. Vaccines for people who have antibodies and those who don't.

Break

- **Carley Robertson**: Comment: Separate testing and vaccine are separate issue.
- **Kris Hansen**: Agrees with Carley Robertson.
- **Greg Holzman**: Will give update now or in the future. Things are happening at Federal level.
- **Kris Hansen**: Recovery is not going to happen.
- **Greg Holzman**: Update on vaccine supply and companies involved. _Refer to audio_: Guideline regarding timing of vaccines. State will allocate to groups for distribution. CVS and Walgreens stores will have two weeks for priority groups.
- **Pam Cutler**: Asked question about using first dose and receiving second dose.
- **Greg Holzman**: Refer to audio for more information
- **Scott Malloy**: How many people fit in a group.
- **Greg Holzman**: Frontline workers and assisted living facilities. Hospitals have been sent surveys.
- **Kris Hansen**: Questions on vaccine ID.
- **Greg Holzman**: Signed up to be vaccinators. Will be trained. CVS and Walgreens will go to facilities. Both workers and patients. Tribes will take vaccines from Federal government
- **Brenda Connelly**: Does Wal-Greens have enough staff?
- **Greg Holzman**: Agreement between Federal Government and CVS and Walgreens.

- **Greg Holzman**: Association of State and Territorial Health. States agree nursing homes the highest mortality. Most challenges.
- **Brenda Connelly**: What we are willing to do? Resources out there to train more.
- **Pam Cutler**: Independent clinics eligible.
- **Greg Holzman**: Not sure who will fall into the first round. Goal to get all the workers covered.
- **Kris Hansen**: Data topic. Definition of COVID related deaths.
- **Greg Holzman**: Explains death certificate process. Causes on form. Cause of death. Process of State and Federal Government.   Also explains documents of deaths. Takes time and the number on the web page are correct.   *Refer to audio*
- **Kris Hansen**: What do you mean by correct?
- **Greg Holzman**: Explains deaths that are COVID associated deaths.

Discussion on Messaging:

- **Kris Hansen**: Convey message that businesses are safe and recommended procedures are taken seriously. Overview of business concerns. What are the concerns of medical panel?
- **Gwyn Palchak**: Need to follow mandates.
- **Heidi Duncan**: Agrees with Gwyn Palchak. Consistency. Follow recommendations
- **Tony Ward**: Agrees. Public work force.
- **Kris Hansen**: Message can't be patronizing.
- **Carley Robertson**: Things that come are sometimes patronizing. Consistency is important.
- **Scott Malloy**: Agrees.
- **Don Beeman**: Agrees with what has been said. Vaccine will drive away.
- **Cherie Taylor**: Message of Hope and move forward. Ability to resume lives.
- **Kris Hansen**: Messaging. Goal and guidance for the pubic. What are we trying to stop?
- **Heidi Duncan**: Flattening the curve. Need to not put so much pressure on medical.

- **Matthew Quinn**: Messaging of who is at greatest risk. Outline risk to public. Goals. Intermesh the message.
- **Heidi Duncan**: Protect individual privacy. Where are transmitting this? Give good examples.
- **Kris Hansen**: Medical community message to business community.
- **Pam Cutler**: Concerns about bars. Need to agree that people need to be careful.
- **Kris Hansen**: Business representatives feel that the most damaging to businesses were the restrictions.

Action Items:

1. Medical and scientific foundations for decisions
2. What is the virus? What makes it so unique?
3. Science of the mask/negative health of the mask/which   ones are most effective and why
4. Explanation of vaccine/ herd immunity
5. How does exposure contribute to immunity?
6. Hospital capacity/decision points for staffing/rational testing/transfer

Greg Holzman: Agrees to send information. _Refer to audio_

Kris Hansen: Usefulness of data.

Cherie Taylor: Different data

Pam Cutler: What is raw data and how useful.

Kris Hansen: What is the point of raw data?

Greg Holzman: Data, challenging. Communication from other states.

Kris Hansen: Closing comments

Adjourned

**** FOR COMPLETE RECORDING****