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Rural Areas Must Prepare for Long Term COVID-19

By Eric Hargan & Jeff Colyer

Eric Hargan is the Deputy Secretary of the U.S. Department of Health and Human Services. Jeff Colyer is a practicing physician, former Governor of Kansas, and Chairman of the National Advisory Committee on Rural Health care. The op-ed below is provided by them.

Governor Colyer and I are both rural Americans, from families whose roots go back generations in farming country born in small hometown hospitals. When it comes to health care, we know that rural America has experienced its share of unique challenges and triumphs, and it's why we are bringing special attention to the impact of COVID-19 in rural areas.

The pandemic has killed tens of thousands of Americans and wreaked havoc in large urban centers across our great nation. At the same time, clusters of cases have also been reported in rural areas of Minnesota, Nebraska, Tennessee, and Arkansas, and there is certainly a chance we could see additional rural clusters emerge over the next few months.

As states begin to reopen their economies, it is imperative that local leaders recognize and confront the challenges posed by COVID-19. Now is the time for rural America to act, before the pandemic causes further harm to already fragile communities and health care providers.

For the last three decades, health disparities in rural America have continued to grow. During that time, more than 120 rural hospitals closed and many that remain struggle financially. Rural populations are older and sicker, with higher rates of heart disease, stroke, diabetes, and lung disease that place them at higher risk. Rural nursing homes and tribal facilities are especially vulnerable.

Rural hospitals may not be prepared to handle more than a few coronavirus patients. Further, canceling many elective procedures has worsened already precarious situations, threatening more closures and staff furloughs. As rural communities begin to reopen, they must be prepared for a potential COVID-19 resurgence while balancing the need to bring health services online in a rapid and safe manner.

The federal government is mobilizing unprecedented resources to meet this challenge. Under the leadership of President Trump, HHS has disbursed \$10 billion to rural hospitals, rural health clinics, and rural health center sites, in addition to announcing \$400 million to Indian health care facilities. HHS has made over \$100 billion in advance Medicare payments to help with cash-squeezed budgets and awarded more than \$1.3 billion to health centers to help diagnose and treat COVID-19.

Telehealth has been expanded significantly, and telehealth.hhs.gov was launched to help providers learn to implement this new technology. Many rural Americans can now access telehealth services through commonly-used apps such as FaceTime or Skype to receive care. This will have tremendous impact for rural patients by making doctor visits more convenient, removing unnecessary travel and reducing wait times.

States and rural providers are adapting to the pandemic. In Kansas and Illinois, fourth year medical students are graduating early to volunteer in rural hospitals. Doctors have learned that by keeping patients with respiratory distress due to COVID-19 prone on their stomachs, their patients breathe better, and may remove

the need for breathing assistance. Hospital volunteers are sewing personal protective equipment (PPE) gowns, and have even used FEMA plastic sheeting to help make them. Nurses and home health workers are helping with contact tracing. And some rural providers are beginning to accept recovering COVID-19 patients so they can receive care closer to home.

Nationally, we are conducting over 300,000 tests per day, and rural communities need to be ready to test as states reopen. Through early identification and contact tracing, communities can stop potential outbreaks before they begin. Having mechanisms in place, such as COVID screening protocols for surgical patients and new inpatients, will provide the assurance patients and providers need to resume elective surgeries. Rural providers should also develop plans for conserving PPE, social distancing, face coverings and hygienic practices, and may even consider preparing alternate care sites for handling new cases, and streamlining coordination with nearby ICUs.

In the midst of the COVID-19 pandemic, more rural hospitals must find ways to make themselves sustainable for the communities they serve. Now is the time for them to develop new models to meet this challenge for the benefit of their communities long-term—a goal we have been working toward as part of President Trump's emphasis on rural health care.

We are getting smarter in combating this disease every day, and applying what we are learning is vital as we move forward. We both know, as rural Americans ourselves, that commitment and innovation will save lives and strengthen our rural communities.



Mental health issues during this era of COVID-19 are more important than ever, and at St. John's Health they are treated with the same concern and attention as physical health ailments.

"Now more than ever, the idea of our behavioral health program is to have a holistic approach when treating people," said Lindsay Long, MSW, LCWS, behavioral health manager at St. John's Health.

"We provide a wrap-around approach to care, so we aren't

St. John's Health Zero Suicide

just addressing patients' physical symptoms, we're helping with their emotional and mental health as well."

The behavioral health program at St. John's Health reaches out to those who may otherwise have their mental health needs overlooked. During the intake process, a nurse asks each Urgent Care and primary care patient three questions about depression and suicide, as part of the national initiative Zero Suicide.

"This process has opened the door to many conversations about people's mental well-being," said Long. "Recently, several patients said that they have never told any-

one about their suicidal ideations and wouldn't have if they hadn't been directly asked that day." Those patients were immediately guided to appropriate mental health services.

The licensed clinical social worker at Family Health & Urgent Care can meet with a patient directly following their in-person or telehealth appointment with a physician or other provider.

This warm, "hands-off" approach provides a safety net and helps people get connected right away to appropriate services. The social worker can also provide short-term counseling on topics ranging from stress to sleep to relationships.

Kenny Longfritz is the CISA Protective Security Advisor (PSA) for the Wyoming District.

The Wyoming District spends time working physical security efforts all over the state. They have worked with some of the larger hospitals in the state, including Cheyenne, Casper, Gillette, and Rock Springs.

CISA provides PSA around the state and work in partnership with the State Office of Homeland Security (WOHS) to help maintain situational awareness of our critical infrastructure around the state and assist with protection and resilience efforts where possible.

Wyoming Cybersecurity

CISA's Infrastructure Security Division coordinates and collaborates across government and the private sector. The Division conducts and facilitates vulnerability and consequence assessments to help critical infrastructure owners and operators and State, local, tribal, and territorial partners understand and address risks to critical infrastructure.

It also provides information on emerging threats and hazards so that appropriate actions can be taken, as well as tools and training to partners to help partners in government and industry manage the risks to their assets, systems, and networks.

To schedule an analysis of your facilities vulnerability, contact Kenny Longfritz, CPP, Protective Security Advisor, Wyoming, Cybersecurity and Infrastructure Security Agency
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The American Hospital Association continues to run an ad on national network and cable TV, as well as on social and digital media platforms, letting the public know that even as the nation continues to fight COVID-19, hospitals and health systems are here to care for them in every way, every day.

As many Americans have delayed care during this public health crisis, the ad emphasizes

that hospitals and health systems are ready and able to serve their communities, just as they always have done and will continue to do.

The ad also reinforces the essential care hospitals and health systems are providing on the front lines during COVID-19. As policymakers work on the next congressional relief package for COVID-19, the ad highlights the importance of making sure that

hospitals and health systems have the resources they need to protect their teams and their communities.

The ad can be seen at :
<https://www.youtube.com/watch?v=jCGSTuL1sZw&feature=youtu>

AHA Promotes National Ad Campaign

