

Please see the summary below from a call MNA participated in with Governor Bullock and DPHHS addressing primary care in Montana related to the Coronavirus pandemic. MNA is sending this out to all of our members, APRNs and RNs alike, as the communication is important. Below is important communication taken from the call as we all advocate for proper testing, tracking, and PPE to care for patients with Covid-19. Following this summary is the documentation MNA submitted to DPHHS on behalf of the APRNs across our state outlining their experiences to date.

### **DPHHS-Governor Call**

**Focus on prevention which includes social distancing, focus on testing, and contact tracing.**

**Recent appraisal:**

- 1. Tests, we need to test 600-1000 per 24 hours--need testing for the epidemiology side of this virus.**
- 2. PPE ongoing challenges—MT has been getting N95s from North Dakota, there is a supply chain challenge, and 2/3 of the hospitals have had their orders cancelled.**

**What is most important is that all symptomatic individuals should be tested, this is what our state needs to open up safely. “Opening up” our state cannot happen without available testing.**

**Per Governor Bullock “Test **MORE** so we can demand more resources for MT”. If you send home a patient with probable Covid-19 symptoms, call your local public health official to do contact tracing and/or assist with securing a covid test.**

**Conversation surrounding civil liability and because we are not providing disaster medicine, liability remains with the provider. There is no waiver regarding liability in place at this time.**

**Hoping to secure and deploy 10 rapid testing capabilities, possibly Abbott instruments with testing kits.**

**Goal is to test any and all symptomatic patients and test everyone that needs a test and be able to do it on site.**

**Currently 1-2 day wait for Covid test until we can secure onsite testing.**

**Want to expand testing needs to address protocols, social contagion tracking, and epidemiology.**

**In summary, the Governor expressed multiple times that we need to ask for and push hard to demand tests for all that need a covid test and please, let the local public health official know if you cannot get a test but have a symptomatic patient to track. If you don't get the support you need, you are welcome to document and forward to MNA the situation and we will gladly push it forward for you.**

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MNA appreciates our APRNs across the state and encourage you all to be involved with MNA as we carry your voice forward.

Here is a copy of the documentation that was forwarded to DPHHS and the Governor's office on behalf of our primary care APRNs. Keep in mind, different areas across the state are experiencing different level of support and lack of support.

### **APRN Responses to Covid-19 challenges**

- My area of focus is palliative care. My question for the Governor and the group would be what conversations are taking place around advance directives/POLST and use of ventilators and other life-sustaining treatments during this crisis. Especially with our patients who are at high risk for life threatening complications of this virus.
- Issues I'm seeing as a psychiatric NP:
  - 1) Large influx of pts wanting to start services for mental health care but non-responsiveness/unavailability by insurance companies for pts and providers alike when checking benefits.
  - 2) Also, I have people from all over MT who are seeking care and who will not be able to continue if telehealth is no longer reimbursed when this is over. We need corporate insurances to allow telehealth for mental health on a regular basis and not just as an exception during the pandemic.
- I have not been able to get any testing supplies. I can't even get viral cultures to rule out other viruses right now. Due to not being able to get supplies I am sending all of my patients with fever, sob, cough, etc to the Great Falls Clinic or Benefis respiratory clinics, Or City County Health Dept. I was able to get masks from husband's livestock company who had complete biosecurity suits and COVID-19 masks. Has an independent provider was hard in the beginning to find guidelines for primary care? I finally got mine out of Canada. Now we have them available.
- Most importantly almost 1/2 of my primary care patients are Medicare. These are elderly people with very limited abilities to use technology, some with no email or internet.
  - Currently Medicare phone visit G2012 (5-10 min brief communication) is our only billing code Medicare accepts for a telephone call and is reimbursed at \$14.79. We cannot survive as a business caring for Medicare patients at this reimbursement rate. These calls are usually longer and complex as these patients typically have multiple medical diagnoses. (we absolutely cannot have these patients coming to the office during this corona virus outbreak)
  - Medicare does not cover the 99441-3 codes covered by insurance companies.
  - Currently Medicaid only reimburses \$28.42 for a 20 minute phone call, dx code 99442. My physician run clinic cannot stay in business at this rate if we are caring for Medicaid patients.
  - To minimize patient exposure, we have cancelled nearly all patient visits. I was working 3 days a week with a full patient load and now am working 1 day/month. At the physician run clinic I work at physician, NP and PA hours have been cut. We will have a spike later in untreated chronic illnesses, it is possible their PCP's will be out of business when they need use.

- Of course PPE remains an issue. We have 1 surgical mask to use/reuse until it is soiled, this is expected to last weeks.
  - It appears patients are avoiding clinic and hospital. Hospital census in Missoula at St Pats is low, they are giving out low census days and we are seeing only critically ill/emergent cases in primary care at the clinic I work at.
  - The faster we get more and better testing of everyone including all healthcare workers and others interacting with the public, the faster we can control this. South Korea and Germany are our examples.
- Working at St Petes medical group. I have appropriate masks and gloves available and have been working from home most of the time. I have been able to order tests when I thought they were needed. I have not been refused testing for my patients. I feel St Pete's has done great job preparing for whatever comes our way. I have not been involved in any tracking yet.
  - I work in the ED as an NP provider in Hardin, Montana at Big Horn Hospital Association. We are doing ok with PPE, and are able to re-sterilize some PPE items and our DON and Director of Provider services have been creative and shopping at hardware stores to get extra N-95 masks and other supplies. Our EMS has gotten extra ventilators that we would use for transfers to Billings as our facilities in Big Horn County do not have ICUs. We have volunteers in the community making masks for the community and reusable gowns for patient care. Our turnaround time for Covid-19 testing is approximately 48 hours. Our PHN department has been doing a fantastic job tracing contacts with our recent first positive cases in the county at the IHS facility at Crow Agency which is 15 miles from us. We call a PHN before we order a Covid-19 test which is sent to the state lab. We are concerned about homeless patients with Covid symptoms as Big Horn County has no shelter and many of these patients have addictions that make it hard to follow any isolation precautions and have no cell-phone or way to contact them. So far we have not been overwhelmed with patients with respiratory symptoms. Our lab is hoping to get capabilities to run Covid-antibody IGG, IGM testing with the Ortho analyzer which we already use in our lab when the company has it available. Our lab said this could happen in May although since we are a small facility we feel like we are at the bottom of the list. It would be so helpful to test employees and others in the community to find out who has already recovered from the virus. We hope to work together with the IHS facility at Crow Agency when either their or our facilities are able to do more testing for Covid-19. We are concerned about making sure any testing is specific and reliable. We have negative pressure rooms to use for patients with respiratory symptoms. We continue to try to prepare in any way possible and would like to hear of any other ideas small facilities have to prepare for patients.
  - I am in Shelby Montana a town of 3200 people and we have 25 positive cases involving primarily the assisted living and nursing home patients and staff. We have had 4 deaths. As of the last 2 weeks I have been well protected with full PPE with proper FIT testing. The Hutterite women made us gowns out of PPE material that are washable. People have been making masks and dropping off at the clinic and hospital for both patients and staff. Homemade masks have definitely helped staff as we can wash them, add filters to them, reuse them, and use them on top of our paper masks. We were wearing our paper masks for several days in order not to deplete our supply. We bartered with police department and traded to get additional supplies for a win-win for both parties. Today, I had the first "45 minute test" come back for symptomatic patients! I believe that this was best for patient, family, and staff care as compared to the last 3 weeks waiting 3 days depending on the courier timing, and the month before waiting over 12 days for our results as they were sent back east somewhere. Working with public health has been excellent. All our quarantined providers are back at work. Workforce in the clinic where I work does not seem to be a problem this week as we are all dressing out in full PPE. Clinic visits across

MT are down by 50%. This is not true for the hospital as it has been short staff and many quarantined and the Governor is well aware of this and has kindly reached out to our community in Shelby.

- I own my own private family practice clinic. We are not able to get PPE equipment in as we are not a hospital or hospital owned clinic. I have ordered gloves, masks and hand sanitizer but they are all on back order for us. -We do send our patients that might be a concern for COVID to 2 of the triage centers in our area. -We do continue to do urgent care to provide care to our patients and will likely not be able to continue to do so if we are not able to get some of our needed supplies in the future. That will then leave ER only. it is frustrating to not be able to get supplies, we aren't a hospital but we are still serving front line to care for people. We put ourselves in risk daily.- We as a clinic are seeing a huge drop in our numbers. trying to do some telemedicine and we are trying to keep our couple of staff members on as we would not be able to afford for them to be on unemployment and I do worry about us as a small business getting through this. I have applied for SBA help but so far we have heard nothing. -WE have done as advised by the health department not to do any wellness exams at this time, UC visits/needs only. This has impacted us greatly in the last month now. Columbia Falls
- I have the privilege of working at Rimrock Foundation in Billings MT. We do not have enough PPE. We do not have N-95 masks, although we do not perform invasive procedures so our exposure is not as great as hospital staff. We do have some regular face masks, but not enough. We do not have enough gowns, or any eye protective shields. Our clientele includes the homeless, which contributes to the fears of many staff. We are supported by our administration. They are doing an excellent job of providing up to date information. When available, having the rapid Covid 19 testing would certainly help keep our staff safe.
- So far from a private clinic standpoint, we have been able to obtain the necessary PPE. However, in Lincoln County, we've currently only had 7 confirmed cases of COVID-19. I suspect our ability to obtain necessary PPE would be impacted if we begin to have an influx in cases. The clinic I work for has been working very closely with the County Health Nurse, which has made testing more accessible. There is a hotline number that helps triage potential cases. If the individual meets testing criteria they can either go through the drive-through testing area or County Health Nurse will go to their home and test them. Initially, the drive-through testing area was busy and was staying open 6-7 hours per day 5 days a week. Now, since the number of people needing/wanting testing has declined, they have cut their hours back to 3 hours 3 days per week. We have had a few potential cases show up at the clinic, County Health Nurse was called, and if she felt the patient met the testing criteria then she would obtain the specimen. A test result turnaround time varies depending on the lab that was used such as Lab Corp versus the State Lab. I personally had a patient tested on a Saturday and had the results on Sunday (State Lab was used). As far as work influx is concerned, at our clinic, we've actually seen a decline as patients are afraid to come in, have been self-isolating, and most don't have access to Skype/internet. However, we have been able to over those without access to internet other options to continue providing the health care they need. Our days have really been hit and miss. Some days the providers have been steady and other days only seeing 2-5 patients per day. When the mid-level providers haven't been steady, some have been furloughed based upon his/her schedule.
- Here are my answers to the questions proposed by the governor. I work in primary care in a rural setting in Montana.

1. **PPE availability (are you able to obtain what you need)**
  - a. At this point we are fairly well covered with PPE. We have plenty of procedure masks at this point and goggles, but no face shields and not many gowns. It has been difficult to get gowns at this point.
2. **Testing capabilities (limiting factors to testing: can you order the tests you need and what is the time frame for results)**
  - a. Unfortunately we are not able to test as we would like due to lack of testing. In order to test, patients have to meet specific criteria and then we need to get the final approval from our county public health nurse before completing the test. Early on the turnaround time for testing was 10-14 days and now is down to 3-4.
3. **Working with public health – contact tracing**
  - a. We have been working VERY closely without public health. They are very easy to work with and have been in close contact with them daily. They have issued forms to help with contact tracing that we can give to patients.
4. **Workforce issues (are you seeing an influx of patients due to covid-19 concerns)**
  - a. At this point, we are not currently seeing an influx of patients. It is an eerie silence and the feeling of the calm before the storm. The feeling of impending doom and of the unknown is VERY difficult.

- I did a week of consults w/local hospital and clinics 3/28-4/3. Shortages in PPE supplies w/no assurance whatsoever of availability of resupply - most acutely, all masks - N95 and standard surgical masks. They have had to design their protocols for use of PPE to include reuse of masks!! This is the single most important aspect of staff protection in this circumstance. Completely unconscionable - dangerous - that we would ask staff to reuse this most essential item. Shortages extend to gloves, hair coverings, gowns, face shields as well. Here they will be laundering gowns (fabric, not impermeable), cleaning off and reusing face shields - all part of the protocol they have designed in light of inadequate supplies. At least by the time I finished my trainings and consultations 10 days ago, tests & testing supplies unavailable locally despite lab ability to conduct the tests. Availability of tests at state said to be extremely small, so very few tests being conducted locally. Turn-around time for results from state lab 2-4 days! NO way to conduct reasonable surveillance on community population basis with appropriate intervention/isolation w/o liberal use of testing and rapid turn-around times. I work with doctors without borders, spent time in the Ebola response in west Africa. Our supplies, procedures, testing capabilities and availability were far superior in Sierra Leone to the circumstances I see here in Dillon, mt. shameful.
  
- Here is what I've observed in Cut Bank, MT.
  - a. We are reusing PPE more out of fear that there won't be enough later. Some of the items we need are completely unavailable from our suppliers.
  - b. Testing has been difficult. My patients have to meet strict criteria. The criteria is very "black and white" but with coronavirus there are many shades of gray. I've had many patients I wanted to test because I suspected they had coronavirus but because they weren't actively running

a fever during time of visit, I could not test. Epidemiologically, we'll never know the true journey of this illness in our state due to lack of testing. The 4 to 6 weeks of denial at the beginning of this pandemic by the President of the United States has cost us dearly.

- c. In our rural county (Glacier County), I was concerned for our public health dep't because our county government has been involved in scandalous financial losses and has furloughed most of their workforce due to loss of funds (not due to coronavirus). However, it appears the public health nurses are still working. The advantages of a rural county are that everyone knows each other, which is helpful in contact tracing.
  - d. Do not know if I'm seeing an influx of patients due to the virus because we can't test for it. The pandemic has changed my practice dramatically. The medical director works on the "well" side of the clinic and I work the "sick" side of the clinic. The other NP who works here is pregnant and is not seeing patients. We are sadly accepting no new patients at this time (a decision I disagree with). We have a good plan in place to protect employees and ourselves. My patients are understandably very frustrated when I tell them they do not meet criteria for testing. We are doing telephone visits now which has been very helpful.
  - e. Additionally: I am glad the Governor instituted the shelter in place order sooner rather than later. This has drastically reduced contagion. In this part of Montana, travel to Washington (state) is common. This concerned me. So, the shelter in place order reduced much of that travel.
  - f. My concerns are for lifting the shelter in place order too soon. I am also very concerned about our state economy. I hope the Governor continues to follow the science and not be pressured by other interests. This time of year, the farmers are planning to seed and ranchers are busy with calving. So, they can practice social distancing while doing their work. In town though, all the small business are suffering. I also own a Yoga studio in addition to practicing at the clinic, and it looks like I'll be closing that. I am willing to make the sacrifice because public health comes first, but it is easy for me to say that because I have my nurse practitioner income. Many small business owners do not have another source of income.
  - g. Happiness and optimism from seeing what we do as Montanans in a crisis. Our local Hutterite colonies have sewed countless masks for health care and other front-line workers such as cashiers. The Hutterites have also donated bags of potatoes, eggs and milk. They have isolated in their colonies while still helping their fellow Montanans. The Blackfeet authorities have shut down roads in and out of the reservation and enforced a curfew and are taking this pandemic very seriously.
  - h. I am very hopeful for the vaccine - it will take 12 to 18 months to be completed. It will be interesting to see what the "anti-vaxxers" have to say then (typical healthcare worker humor).
- Lewistown CMM cares
    1. Yes, we have enough PPE to be protected.
    2. I can order a test on whoever I want. The turnaround time is usually 36-48 hours and is limited only by transport to state lab as it goes via UPS overnight. We typically have the results 24 hours after the test gets to the lab.

3. Public Health is very helpful and easy to work with. I have never had any difficulties or disagreements.
  4. No influx of patients. Rather the opposite in the last week. And staffing has been adequate.
- I own and practice at the Three Rivers Clinic in Three Forks, MT. We are an APRN Rural Health Clinic.
    - PPE: We are not able to get what we need, but that is starting to ease up. However, we are not able to get any N-95 masks and are relying the gracious donations from our patients. I called the Gallatin County Health Department and they were unable to help.
    - Testing capabilities: We are not able to test for Covid given lack of swabs. We are unable to get any swabs from suppliers/labs. If we suspect Covid, our patients have to travel to a testing site. Not ideal considering some of our patients live hours from Bozeman.
    - Working with public health: We have not yet participated in any contact tracing. I did reach out to the health department early on in the crisis, but they were unfortunately quite unhelpful.
    - Workforce issues: Lots of challenges here. We re-vamped our entire process for seeing sick and well patients. We are utilizing Telehealth to see patients that might have Covid and/or cannot/should not leave their homes due to immunocompromised. We are experiencing loss of revenue and caregiver fatigue/anxiety.
      - Please let me know if I can be of further assistance.

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Thank you to all the APRNs that responded.  
Vicky