IHA's Daily Briefing: July 8

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Annual Hospital Questionnaire Due July 17
The Health Facilities and Services Review Board (HFSRB) and the Illinois Dept. of Public Health (IDPH) have announced that the Annual Hospital Questionnaire (AHQ) will be due to IDPH on July 17, 2020. Hospitals should have received a notice from the Department regarding the revised due date. The AHQ, originally due on Feb. 21, was delayed in response to the COVID-19 pandemic. Hospitals with more than 100 beds can access a copy of the questionnaire [here]. Hospitals with up to 100 beds can access a copy of the questionnaire [here].

As a reminder, hospitals with more than 100 beds are now required to report construction-related capital expenditure goals and actual spending for female-owned, minority-owned, veteran-owned and small business enterprises as a percentage of total construction-related capital expenditures. Through the work of the IHA Supplier Diversity Task Force and IHA’s advocacy efforts, this section of the AHQ was revised to improve efficiency and reduce confusion. The changes include allowing systems choosing to report as a system (for the supplier diversity section only) to report their information once as well as provide further clarity around which costs should be included in the supplier diversity section of the report.

KSB Hospital Awarded Grant to Improve Rural Healthcare
Katherine Shaw Bethea Hospital (KSB) in Dixon is one of 20 recipients of a federal grant to build and strengthen integrated healthcare networks and systems.

The Health Resources & Services Administration awarded about $2 million in grants to rural healthcare organizations in 15 states through the Rural Health Network Development (RHND) program.

The grants help rural healthcare providers develop training cooperatives, conduct community health needs assessments, increase service capacity, and address behavioral health and the opioid epidemic.

Through one-year grants of up to $100,000, grant recipients will work on:

- Expanding access to care;
- Increasing the use of health information technology;
- Exploring alternative healthcare delivery models; and
- Continuing to achieve quality healthcare across the continuum, from prevention and wellness to acute and long-term care.

According to HRSA, “these funded organizations are helping to change how healthcare is being delivered in rural communities.”

Governor Signs Health Care Affordability Act
Governor J.B. Pritzker on Tuesday signed Senate Bill 1864 / PA101-649, the Health Care Affordability Act, to help expand healthcare access in response to the COVID-19 pandemic. The legislation eliminates or loosens requirements on who can access Medicaid through the following actions:

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• Provides the Dept. of Healthcare and Family Services (HFS) with the authority to accept an applicant's or recipient's attestation of income, incurred medical expenses, residency, and insured status when electronic verification is not available;
• Eliminates resource tests for some eligibility determinations;
• Suspends redeterminations;
• Suspends changes that would adversely affect an applicant’s or recipient’s eligibility;
• Allows phone or verbal approval by an applicant to submit an application in lieu of applicant signature;
• Allows adult presumptive eligibility for children, pregnant women, and adults as often as twice per calendar year; and
• Suspends premium and co-payment requirements.

The legislation also includes a key provision strongly advocated for by IHA that permits HFS to continue to pay for telehealth services, such as those outlined in the Governor’s COVID-19 emergency orders, for up to 12 months after the emergency period ends (the Governor’s current emergency declaration continues until late July). The new law also supports clinical trials by requiring Medicaid to cover routine care costs for members who participate in medical trials.

In addition, the law requires HFS, in consultation with the Dept. of Insurance, to explore options to make health insurance more affordable for low-income and middle-income residents. This study is to be submitted to the General Assembly by Feb. 15, 2021.

AHA Responds to Article on COVID Infections in Hospitals
In a blog post, Robyn Begley, DNP, R.N., senior vice president at the American Hospital Association, and chief nursing officer and CEO of the American Organization for Nursing Leadership, responds to a recent article in the Wall Street Journal about COVID-19 infections in hospitals. She points out that the Journal “leaves out many of the aggressive steps hospitals and health systems have successfully put in place to keep patients safe from the virus and treat people who have it.” Those steps, taken before and during the pandemic, include:

• Improved treatment of infectious disease and prevention of transmission to others;
• Regular training and re-training of caregivers on proper infection control practices;
• Implementation of an identified set of tools for addressing a global health pandemic – including steps to identify, isolate and treat those who were exposed to the virus;
• Creation of COVID and non-COVID care units, with social distancing in waiting rooms, mask use in common areas and limited entrance and exit points;
• Regular deep-cleaning throughout hospital buildings;
• Restrictions on visitors, in alignment with CDC guidance;
• Creation of drive-through testing sites and treatment clinics in non-traditional locations; and
• Increased use of telemedicine to offer non-COVID patients the care they need – safely, from their own homes.

Begley concludes: “Everyone has a role to play in infection control. That is why everyone is screened before walking through the hospital's door and caregivers continue to receive regular training. We also need to recognize that today's hospitals treat the sickest patients and infections can be acquired in many ways unrelated to the care provided by a hospital. Hospitals and health systems will always remain vigilant to the next threat and will continue to take the lead in safeguarding the public against potential threats.”

Complimentary Teletherapy Sessions for Frontline Workers
The Chicago Psychoanalytic Institute, one of the nation’s leading nonprofit organizations in providing psychoanalytic training and therapy via videoconferencing, is offering complimentary teletherapy sessions to frontline workers in Illinois.

Called the Frontline Responders program, the Institute is offering, on a pro bono basis, to treat workers enduring or struggling to deal with the challenges they are experiencing as a result of the COVID-19 pandemic. Frontline workers who email
FrontlineWork@ChicagoAnalysis.org or call (312) 897-1405 will be promptly put in touch with an appropriate clinician at no charge.

Up to eight treatment sessions will be provided through secure HIPAA-compliant videoconferencing. This program is available to all COVID-19 frontline workers in Illinois. For more information, see the flyer.

State, National, Global COVID-19 Updates

The Illinois Department of Public Health (IDPH) announced today 980 new COVID-19 cases and 36 deaths. The total number of cases in the state is 149,432 in 102 counties, with a total of 7,099 deaths. IDPH says that in the past 24 hours, 32,742 test specimens have been processed, with a positivity rate of 2.99%. The preliminary seven-day statewide positivity rate from July 1 to July 7 is 2.6%. Statewide COVID-19 hospitalizations in the past 24 hours increased from 1,385 patients to 1,518 patients. Of that figure, 331 patients were in the ICU, with 151 patients on ventilators.

Today’s Centers for Disease Control and Prevention (CDC) figures show more than 2.98 million confirmed and presumptive positive cases of COVID-19 in the U.S., with 131,065 deaths.

Today’s WHO Coronavirus Disease Dashboard shows more than 11.6 million COVID-19 cases globally, with more than 539,000 deaths. The Region of the Americas (includes the U.S.) continues to lead the world with more than 6 million cases and more than 268,000 deaths.

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