

Intermountain Trustee

AN EMAIL BRIEFING FOR INTERMOUNTAIN HEALTHCARE TRUSTEES



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INTERMOUNTAIN INITIATIVES



Civica Rx joins effort to expand pharmaceutical manufacturing for COVID-19 response

Civica will manufacture finished dosage forms of essential medications, including vials and syringes

Civica Rx is joining with the U.S. Department of Health and Human Services (HHS) and a team of private industry partners led by Phlow Corporation of Richmond, Virginia, to expand pharmaceutical manufacturing in the United States for use in producing medicines needed during the COVID-19 response and future public health emergencies.

The Phlow-led team will provide immediate, U.S.-based capacity to produce the active pharmaceutical ingredients and the chemical compounds for those ingredients to make critical medicines to help alleviate or prevent drug shortages, particularly during the COVID-19 pandemic.

Civica's role will be to manufacture the finished dosage forms of essential medications, including vials and syringes, with its existing network of Civica manufacturing partners. In partnership with Phlow, Civica has already provided 1.6 million doses of critical medicines to the national stockpile for COVID-19 response. Civica will also begin to build its own finished dosage form manufacturing facility on the same site as Phlow's other partner operations to ensure end-to-end domestic generic drug manufacturing dedicated to solving and preventing critical drug shortages.

"This partnership fits well with Civica's mission to make essential generic medications accessible and affordable," said Martin VanTrieste, president and CEO of Civica Rx. "We thank Phlow, VCU, and AMPAC for their collaboration and commitment to serving patients, and we thank the federal government for partnering with us to bring urgently needed advanced manufacturing capabilities for the production of essential generic drugs to the United States."

More information about this work is available from [HHS](#) and [Civica](#).



Intermountain begins limited antibody testing to learn more about virus that causes COVID-19

Test may help identify previous COVID-19 infections

Intermountain Healthcare is now using a COVID-19 [antibody test](#) offered by ARUP which may help identify previous COVID-19 infections. An antibody blood test will be given to carefully selected Intermountain Healthcare patients and caregivers who meet specific criteria.

This test is performed on a blood sample to determine whether an individual has developed antibodies to the virus that causes COVID-19.

Standard molecular (PCR) testing performed on nasal/throat samples will continue to be the first line of COVID-19 testing for the general public.

PCR testing is used to detect viral material in order to identify if a person has, or does not have, COVID-19 in their nose or throat on the day they're sampled. Ideally, these two tests may be used together to develop an overall picture of COVID-19 in a community, according to Intermountain infectious diseases experts.

"When COVID-19 antibody testing is done in addition to PCR testing and in collaboration with the state and other providers, it can improve research and learning about the novel coronavirus here in Utah," said Eddie Stenehjem, MD, an infectious diseases physician and medical director of Intermountain's Antibiotic Stewardship program.

"Antibody testing may provide further data to give us a better sense of how aggressively the virus is circulating in the community, and the proportion of the population that is impacted, as well as a better understanding of how to protect our caregivers and keep them safe," said Dr. Stenehjem.

Both types of tests have limitations, cautions Dr. Stenehjem. The standard PCR test does not determine if the patient has had COVID-19 at any time before the test. Antibody testing by itself will not reliably identify persons who are currently infected with COVID-19, he added.

Ideally, these two tests may be used in different circumstances to develop an overall picture of COVID-19 in a community.

The PCR test can identify persons who need to be isolated or quarantined and can be used to control spread of the disease. Antibody testing may prove to be valuable later in the process.

Uses could include a better understanding of the true spread of COVID-19, including case fatality rates and other important disease indicators. Positive antibody test results will be reported to the Utah Department of Health.

"If a person has a positive antibody testing result, we don't know if that results in immunity to subsequent COVID-19 infections," said Dr. Stenehjem. "We're still unraveling that science. Even if a person has COVID-19 antibodies, they should still continue to practice social distancing and if they're a caregiver they still need to wear personal protective equipment. Positive antibody results should not provide people with a false sense of security."

COVID-19 antibody testing is being offered broadly across the U.S., but most tests have not been carefully scrutinized by the U.S. Food and Drug Administration, according to Bert Lopansri, MD, Intermountain's associate medical director for infectious diseases and medical director for microbiology.

“At Intermountain we are deliberately evaluating all of the different options to ensure we select the most ideal test,” he said.

Limited testing availability requires antibody testing to be prioritized for individuals where a positive result would support care decisions or patient isolation and public health actions. The most common examples would include hospitalized patients with COVID-19 symptoms and a negative nasal swab test and high-risk healthcare workers.

Dr. Lopansri reminds the public that antibody testing can be helpful to better understand the full scale the pandemic has had on our communities.

“At this early stage of test development, antibody tests have numerous limitations and unknowns. Companies are rushing to make antibody tests available as soon as possible. Future studies are needed so we can understand if a positive test equals immunity and if so, for how long, he added.”

What a positive antibody test result means:

- You were previously infected by COVID-19.
- Your body has produced a measurable antibody response to COVID-19.
- A positive test can also represent a false positive.
- A positive test does not mean the individual is immune to COVID-19.

What a negative antibody test means:

- There is no evidence you had a past COVID-19 infection. If you still have symptoms that have lasted less than two weeks, it may be too early to detect antibodies.
- The negative antibody result can't be used to rule out acute or asymptomatic COVID-19 infection.
- It's unclear if asymptomatic individuals create an immune response with any detectable antibody.
- If you are immunocompromised, you may not create adequate or detectable antibodies.



Intermountain participates in national ventilator reserve program

Intermountain can draw on reserve

Intermountain has teamed up with some 20 health systems across the nation to support the Dynamic Ventilator Reserve—a public-private partnership with the American Hospital Association, the White House Coronavirus Task Force, and healthcare suppliers to respond to periodic shortages in ventilators by facilitating short-term lending of ventilators between hospital systems.

Healthcare systems throughout the United States, including Intermountain Healthcare, are gearing up for potential COVID-19 patient surges by identifying equipment and resources needed to support their communities. As hot zones develop around the country, some healthcare systems may temporarily be unable to fully support patients due to ventilator shortages, while ventilators go unused at other healthcare systems around the U.S. not experiencing a surge.

Organizations participating in the Dynamic Ventilator Reserve will review their current and projected ventilator needs, identify surplus ventilators they can temporarily loan to other healthcare systems for up to three weeks, then update their commitment to the Reserve's database. Healthcare systems are then able to access this virtual inventory as their need for ventilators increases.

“Participating in this program allows us the opportunity to support a health system in need but

to get help from other health systems if our COVID-19 cases surge beyond capacity,” said Mikelle Moore, Intermountain’s senior vice president and chief community health officer. “This collegiality will serve Intermountain’s patients well in the future as we also help address health outcomes for the entire nation.”

Some of the other participating organizations include the Mayo Clinic, Cleveland Clinic, and HCA Healthcare (MountainStar Healthcare in Utah).

Intermountain is also closely coordinating in Utah with other institutions like University of Utah Health to share resources, equipment, and supplies. This type of collaboration is constant and helps in providing the best care for Utah patients.

Utah launches ‘Live On’ initiative to help prevent suicide

Intermountain joins in support of new campaign

Intermountain joined in support of the launch of a new Live On campaign to help members of the community who are struggling with uncertainties and stresses.

The statewide three-year [Live On initiative](#) is available to everyone and is aimed at promoting education, providing resources, and changing the culture around suicide and mental health. State leaders are hoping the campaign will help save more lives.

Mikelle Moore, Intermountain’s senior vice president and chief community health officer, joined with Lt. Gov. Spencer Cox and other leaders announcing the initiative at a [press event](#), where she encouraged all Utahns to join the initiative.



Mikelle Moore, Intermountain's senior vice president and chief community health officer, at a press event where the campaign was announced.

UPDATES AND FEATURES



Cynthia Lemus, 24, was discharged from Intermountain Medical Center 13 days after receiving Utah's first convalescent plasma transfusion for treatment of COVID-19.

First Utah COVID-19 patient who received plasma transfusion goes home

Transfusion part of National Expanded Access Treatment Protocol

Just 13 days after receiving Utah’s first convalescent plasma transfusion for treatment of [COVID-19](#) at Intermountain Medical Center as part of a new national treatment protocol, Cynthia Lemus, 24, was discharged from the hospital. Lemus’ departure from an acute care unit at Intermountain Medical Center on April 30 was cheered on by a line of nurses, doctors, and other caregivers who worked tirelessly to help her beat the odds—and beat a virus that has claimed so many lives.

“It amazes me all that the nurses and doctors did for me,” said Lemus, a flight attendant who was in critical condition and extremely ill for much of her hospital stay. “They called me a fighter, but they were the ones fighting for me.”

A team of Intermountain Healthcare medical experts oversaw Lemus’ plasma transfusion April 17, as part of the U.S. Food and Drug Administration’s newly launched [National Expanded Access Treatment Protocol](#), which allows the use of convalescent plasma donated by patients who have recovered from COVID-19 to be processed and given to patients with the virus.

While Intermountain clinicians are thrilled about Lemus' recovery, they are unable to attribute her improvement directly to the transfusion of convalescent plasma.

"Although we can't be sure, it's certainly possible that the plasma transfusion, in addition to the advanced supportive care that Cynthia received during her hospitalization, contributed to her recovery. But we can't make a direct correlation," said Brandon Webb, MD, chair of Intermountain Healthcare's COVID-19 Therapeutics team.

"Convalescent plasma is one of multiple investigative therapies that we have available for patients in hopes of not only helping them recover, but also learn which treatments are effective," he added. Lemus's plasma donation came from the Mayo Clinic, in Rochester, MN, where clinicians are serving as the lead investigators for the national convalescent plasma treatment protocol.

Read more about convalescent plasma [here](#) and Lemus's experience [here](#).



Telehealth program surpasses 1 million interactions

Interactions supercharged by the pandemic

Since first launching in early 2014, Intermountain providers have completed 1 million telehealth interactions. Highlights include:

- 75 telehealth services in eight states
- Increasing from 1,000/day in March to 4,000/day in April; 7,481 video visits in March to 63,792 in April
- Equals 3% of outpatient visits in March to more than 35% in April
- Cost savings—for example, newborn critical care telehealth service estimated savings of \$1.2 million annually (versus transferred to high-level nursery or NICU), plus families stay close to home

"I'm incredibly proud of the teamwork from the dedicated professionals, across disciplines, that allowed us to reach the milestone of 1 million telehealth encounters," said Bill Beninati, MD, Intermountain senior medical director for TeleHealth Services, Patient Placement and Transfer, and Life Flight. "I'm most grateful to the patients and their families who worked with us to improve our telehealth program and who trusted us to take great care of them with this new tool."



Connect Care completes 100,000 patient visits

Connect Care providers, caregivers breaking new ground during pandemic

On May 4, Connect Care crossed the 100,000 milestone for patient visits. [Connect Care](#) providers and caregivers are breaking new ground during the pandemic. Here are some additional highlights:

- 204,000 people have enrolled to use Connect Care—for both urgent care and scheduled visits.
- Includes people from all 50 states (94% of visits from Utah, 3% from Idaho or California)
- 4.95 consumer rating for Connect Care providers
- 6 minutes median wait time
- Average savings of \$323 per case (compared to physician office, InstaCares, and ERs for low-acuity cases like colds and urinary tract infections)

This underscores a national increase in telehealth services with COVID-19. Nationally, telehealth visits have increased exponentially since the start of the pandemic. *The Wall Street Journal* [reported](#) that CMS telehealth visits increased from 100,000 per week to 300,000 per week as of March 28, with further increases expected.

Eric Liston, Intermountain's administrator of TeleHealth Services said. "COVID-19 has accelerated our growth and is currently shining a spotlight on telehealth," he said. "But, what we've long believed is that we can, and do, provide top-notch care to patients in this innovative way and we'll continue to push the envelope with new services and offerings. I'm really excited about the future of Intermountain's telehealth programs and the hard work of our teams."



Number of people being evaluated for stroke down 40% during COVID-19 pandemic

Hospitals, clinics safe for anyone who comes to seek treatment

During the COVID-19 pandemic, the number of people being evaluated for signs of stroke has dropped by nearly 40 percent. Neurologists from Intermountain Healthcare are reminding people if they have any signs of a stroke to seek immediate medical attention.

Around 33,000 brain cells die every second during a stroke, and if someone waits too long to seek treatment, irreversible damage or death can occur, said Dr. Megan Donohue, a neurologist at the Intermountain Healthcare Neurosciences Institute.

A stroke is a brain attack and requires immediate medical attention. However, a new study published in *The New England Journal of Medicine* found that the number of people being evaluated for signs of stroke has dropped by nearly 40% during the COVID-19 pandemic. The study analyzed stroke evaluations at more than 800 hospitals across the United States and found that many people who experience strokes may not be seeking potentially life-saving medical care.

Intermountain Healthcare is reassuring people that hospitals and clinics are safe for anyone who comes to seek treatment and they should not delay life-saving care, said Dr. Donohue.

"During the COVID-19 pandemic some doctors have seen cases of patients waiting too long to seek life-saving treatment and we certainly don't want that to happen," said Dr. Donohue. "When it comes to a stroke, time lost equals brain lost. The more rapidly we're able to recognize a stroke and provide interventions to restore blood flow, the more likely the patient is to have a positive outcome."

Each year there are more than 795,000 strokes in the U.S. Every 40 seconds, someone has one, and every four minutes, someone dies from a stroke. May is national stroke awareness month. If you're having a stroke, your best chance at recovery is to have a fast response time. The sooner you get to the hospital and receive the proper treatment the better chances of survival. About 40 percent of people in the United States can't identify at least one of the symptoms. A good way to remember the signs of stroke is by using the acronym BE FAST.

- B = Balance** – sudden dizziness or loss of balance and coordination
- E = Eyes** – sudden trouble seeing in one or both eyes
- F = Face** – sudden weakness of the face (Does one side of the face droop?)
- A = Arm** – weakness of an arm or leg
- S = Speech** – sudden difficulty speaking
- T = Time** – time the symptoms started

Neurologists remind people that strokes can happen at almost any age and that's why it's important for anyone experiencing these symptoms to seek emergency care immediately.

"However, strong risk factors of a stroke include heart disease, diabetes, high blood pressure, high cholesterol, and smoking. You should also know your family history and the type of stroke any family members have suffered," said Dr. Donohue.

If you think you're having a stroke, call 911 immediately.

If you have stroke-like symptoms, but they go away, you may have had a transient ischemic attack (TIA), which is an indicator that you are likely to have a full stroke in the near future.

Dr. Donohue advised people not to ignore a TIA. "People should get immediate care," she advises. The Intermountain Healthcare Neurosciences Institute is home to one of the most sophisticated stroke centers in the western United States. The Institute treats more stroke patients than any other hospital in Utah and is the state's only Joint Commission Comprehensive Stroke Center.



Dr. Marc Harrison, Intermountain president and CEO

Guest editorials highlight economic recovery, teamwork in the time of COVID-19

Two editorials co-authored by Dr. Harrison recently published

Two editorials co-authored by Dr. Marc Harrison, Intermountain's president and CEO, were recently published.

An editorial co-authored by Gail Miller, chair of Intermountain's Board of Trustees, and Dr. Harrison was published in the *Salt Lake Tribune*. The piece highlights how Utah's COVID-19 rates and related death rates are dramatically lower than national rates, largely because our preventive efforts—social distancing, avoiding large groups, masking, handwashing, and using clinically-based guidelines to govern how we reopen our businesses—have been effective. Read it [here](#).

The *Deseret News* published a piece by Dr. Harrison and Dr. Michael Good, CEO of University of Utah Health and dean of the U.'s School of Medicine. The editorial highlights how teamwork in a relationship that's often competitive is how Intermountain and University of Utah Health are responding to COVID-19. "As the pandemic threatens Utah's people, we're on the same team—and we're working together in new, powerful ways to beat the same opponent." Read more [here](#).



'We're only 6 feet—and one call—away' reminds us we're all here to support one another

Primary Children's expressive therapies team releases video on YouTube

During the pandemic, Primary Children's expressive therapies team—including music therapists, an art therapist, and a dance movement therapist—have been working remotely. Although their work with patients is now virtual, they continue to provide joy to patients, families, and fellow caregivers through music, art, and other creative outlets, including this [One Call Away](#) video.



Life-saving organ transplants continue during pandemic

Clinicians adapt to ensure lifesaving procedures continue

As the COVID-19 pandemic continues to spread throughout the United States, Intermountain Healthcare's [abdominal transplant program](#) has created new protocols and safety measures to ensure that these lifesaving procedures continue.

Although many nonessential planned surgeries and procedures have been delayed, recent guidance from the Centers for Medicare and Medicaid Services identified organ transplants as procedures that should not be postponed if possible, categorizing them as "essential."

To help reduce the spread of COVID-19 and continue patient care, Intermountain clinicians are using telemedicine and video visits whenever possible to continue evaluating and treating potential transplant patients.

Transplant clinicians have also put systems in place to maintain patient and caregiver safety.

"Donors and recipients are considered on a case-by-case basis," said Diane Alonso, transplant surgeon and director of abdominal transplant surgery for Intermountain Healthcare. "It's a balancing act. We take into account the risks of postponing surgery with the risks of not only the surgery, but also the risk of potentially being exposed to the virus."

One Intermountain transplant recipient shared his experience in this [article](#).



COVID-19 testing services for people experiencing homelessness available

All services provided without cost as part of Intermountain's community stewardship

Intermountain Healthcare is reaching out to one of the state's most vulnerable populations during the COVID-19 pandemic—people who are experiencing homelessness.

Intermountain has developed a comprehensive approach to helping the homeless community that includes increased testing, coordinating with local and community partners, and helping to enhance the safety of the vulnerable population during the pandemic.

"We are all trying to adjust to our 'new normal' with COVID-19. This virus is adding layers of difficulty to the challenges those experiencing homelessness already face," said Mikelle Moore, Intermountain Healthcare senior vice president and chief community health officer. "I am grateful for the many organizations, leaders, caregivers, and volunteers who have come together to support the health and well-being of some of our most vulnerable community members."

Intermountain is taking a multi-pronged approach to support homeless individuals focusing on providing resources, testing, and comfort to the vulnerable communities that need it. This includes:

- **Mobile unit for COVID-19 testing.** Intermountain is sending a mobile unit to local area homeless resource centers to support COVID-19 testing. This helps increase access for underserved populations and while maintaining the stay home, stay safe message. The mobile unit will also be used in hotspot areas of increased COVID-19 positive tests and where increased testing is needed.
- **County health department coordination.** Intermountain is coordinating with multiple county health departments to ensure transition of homeless individuals to community isolation and quarantine as needed. This helps provide consistent care delivery and increases availability of care for the most vulnerable among us.
- **Medications.** Intermountain is providing 14 days of medication for homeless patients after they are discharged from its hospitals. This will ensure they have the medications needed as they transition to community care. It also limits the number of times they need to visit a hospital or pharmacy.
- **Equipment and staffing support for community partners.** Intermountain caregivers and community partners are deploying to support healthcare services for the homeless. This includes providing registered nurses and medical assistants to work with the Salt Lake City's 4th Street Clinic's mobile clinic as it serves local homeless resource centers. Intermountain is also providing telehealth equipment for the 4th Street Clinic.
- **Hospital stays and meals while processing tests.** People without housing need to have an isolated area while waiting for their COVID-19 test results to process. Intermountain will provide hospital waits to our non-housed patients, when they cannot be discharged to a quarantined or isolated area while awaiting results. Intermountain will also have its nutrition services teams prepare free meals while they wait for test results in our facilities—which can take 24-72 hours to be processed.

All services are being provided without cost as part of Intermountain's community stewardship.

STEWARDSHIP



Intermountain Board of Trustees Chair and Utah Jazz owner Gail Miller has sewn 200 masks.

Board Chair Gail Miller helps sew medical masks; encourages support for *ProjectProtect*

Volunteers from around Utah have now sewn more than two million medical-grade masks

No task is too small to help make a difference in the fight against COVID-19 and volunteers from around Utah have now sewn more than two million medical-grade masks as a part of [ProjectProtect](#), a grassroots initiative to help ensure the safety of frontline caregivers.

Taking part in that effort is Intermountain Healthcare Board of Trustees Chair and Utah Jazz owner Gail Miller, who has [personally sewn 200 masks](#) along with family members who have sewn another 1,800.

Miller is now encouraging others to volunteer to help ensure that frontline caregivers at Intermountain Healthcare and University of Utah Health have the necessary protection and safety when treating patients with the coronavirus.

"It's such an enlightened project for me and I'm just really pleased to be a part of it," said Miller. "It's exciting to have a little hand in helping healthcare because I'm at that critical age where I don't want to go outside, I want to be very careful. So, this gives me an opportunity to do service and feel useful."

ProjectProtect is a partnership between Intermountain Healthcare, University of Utah Health, and The Church of Jesus Christ of Latter-day Saints, to help sew five million medical-grade masks for frontline healthcare workers.

This personal protective equipment (PPE) is vital to keeping caregivers safe, but due to worldwide demand has caused shortages. The effort aims to ensure Utah medical workers continue to have the PPE they need.

Volunteer for ProjectProtect and receive a kit with needed supplies [here](#).

