

Intermountain Trustee

AN EMAIL BRIEFING FOR INTERMOUNTAIN HEALTHCARE TRUSTEES



APRIL 2020

INTERMOUNTAIN INITIATIVES



Cheyenne Flores, RN at McKay-Dee Hospital, is in New York as part of Intermountain's COVID-19 Response Teams.

Intermountain caregivers provide support to New York hospitals

Voluntary teams made up of physicians, nurse practitioners, respiratory therapists, and other caregivers

Caregivers from Intermountain Healthcare are in New York to help hospitals and caregivers who are on the frontlines of the COVID-19 pandemic.

After hundreds of Intermountain clinicians recently expressed interest in providing assistance to states facing major surges in COVID-19 cases that are also currently experiencing severe staffing shortages, Intermountain created two COVID-19 Response Teams. Each team has 50 caregivers who will serve for a maximum of 14 days. These voluntary teams are made up of physicians, nurse practitioners, physician assistants, nurses, respiratory therapists, and other caregivers.

Intermountain has partnered with [New York-Presbyterian Hospital](#) and [Northwell Health](#), both located in the New York City area. These healthcare systems will aim to return the favor by supporting Intermountain as much as they can when Utah faces its own surge with COVID-19 patients.

"I'm incredibly proud that so many of our caregivers want to help others in need, and we have the capacity right now to share our staff with others in the middle of their COVID-19 surge," said Paul Krakovitz, MD, Intermountain Healthcare's chief medical officer for specialty-based care. "Not only will they provide care for patients in New York, they will bring back knowledge and experience to share with their Utah colleagues that will help us serve Utah patients."

Experts anticipate that Utah's COVID-19 surge will happen in May or June, so caregivers will be back to the Intermountain service area when help is needed most.

"This temporary sharing of staff experienced in treating COVID-19 will greatly benefit patients in Utah and elsewhere," said Dr. Krakovitz.

Follow the caregivers' journey in New York on this [Intermountain blog](#).



Volunteers to produce more than five million medical-grade masks

ProjectProtect also helping produce reusable isolation gowns and more than 50,000 face shields

Utahns are leading a worldwide effort to ensure that caregivers who are treating COVID-19 patients have the protection they need to be as safe as possible.

Intermountain Healthcare, University of Utah Health, Latter-day Saint Charities, and several Utah nonprofits, are leading an effort known as [ProjectProtect](#) to enlist thousands of sewing volunteers across the state to manufacture personal protective equipment (PPE) for frontline caregivers, including more than five million medical-grade masks.

The project is shaping up to be the largest Utah-based volunteer effort since the 2002 Olympic Winter Games.

The goal of ProjectProtect is to engage 10,000 volunteer sewers each week to produce more than five million medical-grade face masks that will be distributed to frontline health workers at the two Salt Lake City-based health systems.

ProjectProtect is also helping to produce reusable isolation gowns and more than 50,000 face shields, which are already being deployed to frontline caregivers for use while caring for patients.

Latter-day Saint Charities has worked with healthcare experts to create educational content and instructions for sewing the masks, while the Relief Society organization of The Church of Jesus Christ of Latter-day Saints has tapped into its network of thousands of volunteers from around the world. ProjectProtect will enlist an estimated total of more than 50,000 volunteers to sew clinical face masks in their homes—and more volunteers are invited to take part.

Details about what volunteers will be asked to do:

- They need the ability to follow detailed instructions and use a sewing machine.
- They need a sewing machine, thread, scissors, and pins. Material and instructions will be provided.
- Each volunteer will be asked to make 100 masks. Depending on the sewer's level of experience, each mask will take five to 10 minutes to sew.
- Volunteers should expect to spend 10 to 15 hours sewing, plus they'll need to pick up the materials and drop off the finished masks.

Read more about ProjectProtect [here](#).

Supply Chain team designs, builds PPE

Caregivers find an innovative way to provide protective face shields

Personal Protective Equipment, or PPE, is top-of-mind for many around the nation and the world. Intermountain's Supply Chain Center team found an innovative way to provide protective face shields for our frontline caregivers. They designed a product that can be locally produced and provided to hospitals in our community, including the VA and University of Utah.

"We put together a committee to look at PPE that was running short," said Scott Schofield, director



of Supply Chain Solutions. “We worked with our sign shop in Utah County to design a face shield and then reached out to a local company, Quality Foam, along with The Church of Jesus Christ of Latter-day Saints and Beehive Clothing, and found the supplies needed to manufacture 50,000 face shields that will protect caregivers so they can safely meet patient needs.” Learn more in this [video](#).



Intermountain, U of U Health researchers launch COVID-19 clinical trials

Trials to determine effectiveness, safety of drugs to treat patients with COVID-19

Researchers from Intermountain Healthcare and University of Utah Health have launched two vital clinical trials to test the effectiveness and safety of two drugs—hydroxychloroquine (HCQ) and azithromycin—to treat patients with COVID-19 (infection with the novel coronavirus).

Researchers from the two health systems plan to enroll nearly 2,300 patients who are COVID-19 positive or suspected of being positive for the virus.

“Results from these studies will help us to understand the value of hydroxychloroquine (HCQ) in treatment of COVID-19 as we seek ways to fight the virus effectively and reduce the human cost of this pandemic,” said Samuel Brown, MD, principal investigator of one of the studies and a critical care researcher at Intermountain Healthcare.

Hydroxychloroquine, an anti-malarial drug typically used to treat some autoimmune diseases, and azithromycin, an antibiotic typically used for sinusitis or pneumonia, have been suggested as potential treatments for COVID-19, but whether they actually help is unknown.

In addition, the drugs can cause significant side-effects. In some cases, hydroxychloroquine has increased the levels of a different virus present in the blood or caused problems with heart rhythm. Further, a surge in interest in hydroxychloroquine has left patients who take the drug to manage ongoing chronic illnesses at risk of losing access to their regular course of treatment.

“Because COVID-19 is a new disease, we’re all starting from scratch,” said Adam M. Spivak, MD, a principal investigator of one of the clinical trials and an infectious disease physician at University of Utah Health. “The only way to answer the key question of ‘does this drug work?’ is to perform an unbiased clinical trial where we study its effects.”

In the first trial, patients hospitalized with suspected or confirmed COVID-19 will be given either hydroxychloroquine or azithromycin to determine whether either drug affects the severity of COVID-19 and saves lives.

Researchers plan to enroll 300 patients in the clinical trial from across all Intermountain Healthcare hospitals and University of Utah Health hospitals that are treating COVID-19 patients.

“The main question we’re looking to answer in this trial is, does hydroxychloroquine improve the severity of illness and save lives for patients hospitalized with COVID-19?” said Dr. Brown.

In the second set of trials, patients with confirmed COVID-19 who are being treated as outpatients will be given hydroxychloroquine or azithromycin to determine if either drug can prevent hospitalization. The trials will also determine whether hydroxychloroquine impacts viral shedding and prevents infection of household contacts as compared to placebo.

For these outpatient trials, researchers will enroll 2,000 patients across Utah from all Intermountain Healthcare and University of Utah Health System hospitals that are treating COVID-19 patients. Patients will receive treatment and be monitored via telehealth.

Brandon Webb, MD, a principal investigator of the outpatient trial and an infectious diseases physician at Intermountain Healthcare, said there's significant global interest in both clinical trials.

"There's worldwide interest in these drugs, but the available clinical data have not yet shown any benefit," he added. "These clinical trials allow us to protect the safety of patients but also answer the really important question of benefit versus harm."

Clinical trials typically take months or years to launch. Researchers at Intermountain Healthcare, University of Utah Health, the Utah Department of Health, and the Utah Medical Association were able to launch these COVID-19 clinical trials in two weeks.

"Everyone on our research team has been working 18-hour days to make this happen," said Dr. Brown. "We've been able to be nimble and flexible while still meeting the rigorous standards of a clinical trial because the need for this knowledge is so great. We applaud all of these organizations for working collaboratively to make these clinical trials a reality and to do the right thing for our patients."

Researchers acknowledge there may be pressure on clinicians to use hydroxychloroquine for COVID-19 patients outside of a clinical trial. While it may feel reassuring to prescribe this medication in the midst of a pandemic, it may be counter-productive or even harmful until physicians better understand their impact, they say.

Two weeks ago, research leaders at Intermountain Healthcare and University of Utah Health agreed to work together to help solve this problem.

"Although some providers will choose to prescribe hydroxychloroquine to their patients, Intermountain Healthcare, University of Utah Health, the Utah Department of Health, and the UMA recognize the safest way to use this medication to treat COVID-19 is within the framework of clinical trials," said Raj Srivastava, MD, a principal investigator of the outpatient trial and assistant vice president of research at Intermountain Healthcare.

"We believe these trials will ensure patients are provided information about potential associated risks and have consented to participate so their progress can be closely monitored by healthcare providers and research staff," added Rachel Hess, MD, MS, a principal investigator of the outpatient trial and co-director for the Center for Clinical and Translational Science at the University of Utah.



Three major health needs revealed in new assessments

Assessments completed in collaboration with local health departments, community input

All Intermountain hospitals completed Community Health Needs Assessments last year in collaboration with local health departments and community input to determine the significant health needs of vulnerable people in our communities. The assessments are conducted every three years by Intermountain. They consider factors such as affordability of care, our mission and strategy, and feedback from our stakeholders.

"We invest considerable effort in conducting our assessments because they strengthen our ability to

realize our mission,” said Mikelle Moore, senior vice president and chief community health officer. “We’ve met with stakeholders and analyzed current health status information to identify significant health needs in our communities, which have shaped our goals and strategies.”

The three community health needs Intermountain will focus on through 2022 include:

1. **Improving mental well-being.** This was the number one priority identified by every community. The barriers include high demand and lack of access to providers, depression and suicide in all ages, social isolation, and chronic illness. Substance use disorders—specifically opioid misuse—continue to be a high priority. The social determinants of health—nonmedical factors that can affect health, like housing instability or chronic hunger—are major causes of poor mental health. Income disparity is specifically related to mental well-being.

Intermountain will focus on reducing suicide rates, reducing access to lethal means of suicide, strengthening connections to crisis services, expanding behavioral health provider networks, increasing telehealth efforts, and addressing barriers that create social isolation. Efforts to reduce opioid misuse and addiction will include naloxone distribution and a reduction in high-risk medication prescribing.

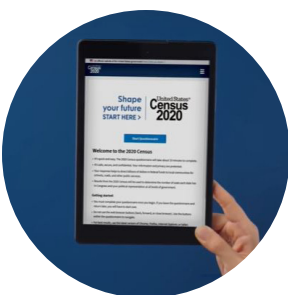
2. **Preventing avoidable disease and injury** like prediabetes, high blood pressure, lack of immunizations, and unintentional injury deaths. Chronic conditions related to obesity, such as diabetes and poor heart health, continue to be the leading cause of death and disability in the U.S. In addition, unintentional injuries and suicides have been the leading cause of child injury deaths in Utah and Idaho for the last decade.

The goals are to increase immunization rates and decrease prediabetes rates, high blood pressure rates, and accidental injury deaths. Intermountain will focus on community-based screenings, chronic disease self-management classes, physical activity and nutrition, and addressing factors related to the social determinants of health.

3. **Improving air quality.** This is a huge need because air pollution makes every illness worse and can aggravate respiratory infections, trigger asthma attacks and symptoms, and cause temporary reduction in lung capacity. It can increase instances of low birth weight, premature birth, and infant mortality, as well as certain forms of childhood cancers, especially leukemia.

Intermountain’s overall goal is to decrease the number of bad-air days in our communities. As an organization we’re developing strategies to decrease emissions, such as reduced idling of fleet vehicles, conversion of fleet vehicles to electric as leases expire, increasing the number of charging stations for electric vehicles driven by caregivers and the public, promoting the use of virtual meetings, developing standard telework policies and guidelines, and encouraging the use of public transit.

UPDATES AND FEATURES



Complete the 2020 Census

Census results help better understand community needs

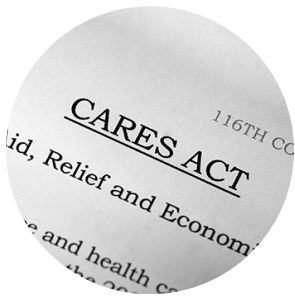
Intermountain has partnered with the State of Utah to help promote the 2020 Census. Census results will help determine how hundreds of billions of dollars in federal funding flow into U.S. communities and programs every year over the next decade. These programs include healthcare, education, and transportation.

“Intermountain has a unique opportunity to help with this effort because of the large number of lives we touch each day, both internally and externally,” said Mikelle Moore, senior vice president and chief community health officer. “The census will also help us better understand the needs of our communities and how we can best serve them.”

Be counted now and make your voice heard by participating in one of three ways:

- Fill it out online
- Call by phone: 1-844-330-2020
- Mail back your questionnaire

For more information, visit census2020.utah.gov.



New legislation expands use of HSA, FSA, 401(k) accounts

Congress passed the Coronavirus Aid, Relief, and Economic Security Act

Congress recently passed the Coronavirus Aid, Relief, and Economic Security Act, which contained some important provisions that affect Health Savings Accounts (HSA), Flexible Spending Accounts (FSA), and 401(k). Some details:

- Over-the-counter medications can be paid for or reimbursed through an FSA, HSA, or Health Reimbursement Account (HRA) without a doctor's prescription. This allows you to use pre-tax dollars for items like ibuprofen, allergy and cold medication, etc., without needing a doctor's prescription.
- Menstrual care products are now considered a qualified medical expense and are eligible for payment or reimbursement through an FSA or HSA. All expenses incurred after December 31, 2019, qualify, and the provision has no expiration date.

These provisions may make it easier to access your 401(k) plan before your expected retirement age—with fewer penalties and more flexible payback options:

- Qualified 401(k) plan participants can take a coronavirus-related distribution from their retirement plan account up to \$100,000.
- Qualifying 401(k) plan participants can borrow a higher amount than what's normally allowed.
- Generally, participants can be allowed to delay repayment of 401(k) loans by up to one year.



Update on HealthCare Partners Nevada, Intermountain integration

Integration will impact healthcare in southern Nevada, expand Intermountain's reach

Intermountain acquired HealthCare Partners Nevada—based in southern Nevada—last summer as part of our overall growth strategy to strengthen our organization and help more people live the healthiest lives possible. The HealthCare Partners Nevada integration with Intermountain is occurring in phases as their 1,800 caregivers and 61 clinics transition to the Intermountain team.

“This is a huge opportunity for Intermountain to continue to grow and build partnerships while learning and adopting best practices from other great organizations,” said Rajesh Shrestha, Intermountain’s vice president and chief operating officer of Community-Based Care.

Kirk Miller, chief operating officer for HealthCare Partners Nevada, said, “One of our challenges is that we have to carve away from our former organization and integrate with Intermountain, which makes us a blank slate, but it’s also a lot of hard work. We don’t want this to disrupt daily operations at our clinics and the coordination of care for our patients.”

Miller said a big focus for his team right now is ramping up Intermountain branding in southern Nevada to align with the broader system and leverage both organizations’ reputations for quality, value-based care. Another piece of the integration is learning how to work together and build on each other’s strengths. The shared vision is to impact healthcare in southern Nevada, while also expanding Intermountain’s network and reach.

Many opportunities are on the horizon, both for Utah and Nevada, including:

- **Expanded network coverage:** HealthCare Partners Nevada has recently expanded its network of hospitals to allow their Medicare Advantage patients to visit an Intermountain specialist at Dixie Regional Medical Center or Cedar City Hospital, as well as the three InstaCares in Washington County, with more Intermountain facilities to follow. Mesquite, Nevada, which is home to the Virgin Valley myGeneration Senior Clinic for seniors, is only 39 miles from St. George. Expanded access for Nevada patients at Salt Lake-based Intermountain hospitals for specialty care and transplant services is expected to follow.
- **Specialty pediatric care:** Specialty pediatric care is a needed service in Nevada that will be expanded as part of the Intermountain partnership. Primary Children’s Hospital will open a pediatric neurosciences practice.
- **Life Flight service to Nevada patients:** Intermountain Life Flight has extended its operations to all HealthCare Partners Nevada patients starting earlier this year, whether they need transportation to a Utah hospital or to a facility in Nevada or California. The Life Flight team serving Nevada is primarily based out of St. George, but occasionally the Salt Lake team will provide transportation depending on the situation.



Intermountain President and
CEO Dr. Marc Harrison

Intermountain CEO talks to General Stan McChrystal on ‘Thanks for Asking’

Leadership lessons from COVID-19 pandemic part of discussion

Leadership lessons from the COVID-19 pandemic was the topic of a [podcast](#) discussion between Intermountain CEO Marc Harrison, MD, and General Stan McChrystal, retired four-star general and founder of the McChrystal Group, an international consulting and leadership development firm. Some of the things they discussed:

- Leading in times of stress and uncertainty
- Listening to team members at all levels and fostering informal leadership
- Balancing self-care while caring for others
- Healthcare’s opportunity to bring both physical and social healing to our nation

Listen to their conversation and all other Intermountain podcasts at intermountainhealthcare.org/podcasts, in iTunes, and wherever you get your podcasts.



Patient champions lead tour of Primary Children's Hospital in new video

Video highlights impact of children's hospital

More than 10 million kids are treated at children's hospitals each year, and everyday miracles are happening at Primary Children's Hospital. Join patient champion, Payson Inkley, as he leads an up-close and personal tour of Primary Children's in this [video](#). See impact firsthand as he, and other patient champions, show you how your support helps us keep The Child First And Always®.

ACCESS



More COVID-19 testing sites available

Additional sites available throughout Utah

Intermountain is ramping up COVID-19 testing capabilities by offering curbside testing at community sites throughout Utah and by offering COVID-19 mobile testing in a mobile typically used for events and on-location services.

Intermountain's [testing sites](#) are strategically placed throughout our service area where the needs are the greatest and will help meet the growing demand for COVID-19 tests. The sites will provide testing without physician orders and tests are available to everyone with or without health insurance.

"With more than 20 community testing locations, our caregivers are working hard to stop the spread of COVID-19," said Rebekah Couper-Noles, RN, vice president of operations for Intermountain Medical Group.

To avoid long waits and help the team prepare, she recommends people call the Intermountain COVID-19 Hotline at 844-442-5224 before visiting a testing location.

To help vulnerable members of the community who may not have the means to travel to one of Intermountain's 22 community COVID-19 testing sites, an RV Intermountain uses for on-location services and events has been transformed into a COVID-19 mobile testing site—including a team of traveling caregivers and supplies.

The RV will be driven to select locations to provide screenings and tests among Salt Lake Valley homeless residents. It may also reach those in skilled nursing facilities or others at high risk.

Additionally, Utah's two largest lab services providers, ARUP Laboratories and Intermountain Laboratory Services, are working together to provide timely and accurate COVID-19 testing services. ARUP is a nonprofit enterprise of the University of Utah and performs COVID-19 testing for University of Utah Health and other ARUP clients in Utah. [Learn more](#) about the collaboration.
