



INTERLOCUTOR

SUMMER 2020

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NEWS FROM THE DFW HOSPITAL COUNCIL



COVID-19

Four months
and counting

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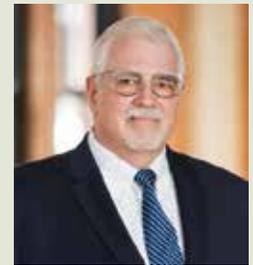
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Steve Love

President/CEO
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Three simple words – wear a mask

WHAT IS THE BEST WAY TO STIMULATE THE ECONOMY? I can tell you in three simple words – wear a mask. As COVID-19 cases dramatically increase in Texas, we are being forced to delay business openings and the North Texas economy continues to suffer. Wearing a mask will prevent the spread of COVID-19, lower hospital admission rates and decrease the amount of time businesses remain closed. COVID-19 does not care if we have “cabin fever” or suffer from boredom. It is a frighteningly contagious disease.

The erroneous belief that refusing to wear a mask makes you appear cavalier is both irresponsible and a denial of science. Wearing a mask is a personal contribution we must make for the safety of our community and our economy. If our actions can prevent one person from getting sick or even worse, losing their life, we should not hesitate to wear a mask. If our efforts can decrease the amount of time businesses are closed and prevent one person from losing their job, we should wear a mask.

The **Centers for Disease Control and Prevention** recommends cloth face coverings in public settings. These experts say the evidence is clear that masks are the most effective way of preventing the spread from both pre-symptomatic and asymptomatic people. They state we should follow the three W’s – wash our hands, wear a mask and watch our distance. But they conclude the most important of these W’s is wearing a mask.

We have witnessed first-hand the harsh impact this virus has had on residents. We salute our healthcare heroes for caring for patients in need. During this pandemic, we have distributed food to families, operated day care centers for children of first responders and provided a safe haven for the most vulnerable in our community. Yes, this has been a collaborative and compassionate time for Texas.

The virus is still rampant and residents have a moral responsibility to wear masks, practice safe physical distancing, wash their hands and practice good hygiene, especially when we are around other people. If someone simply coughs, it can cause infection. What is the best defense against a cough? That’s right – wearing a mask.

We are facing one of the greatest pandemics in U.S. history. As responsible citizens, we must commit to wearing a mask in order to protect each other from COVID-19. Wearing a mask reflects not just our respect for our fellow Texans, but our support of the businesses suffering during this difficult time. Show your respect – wear a mask. ■

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INTERLOCUTOR

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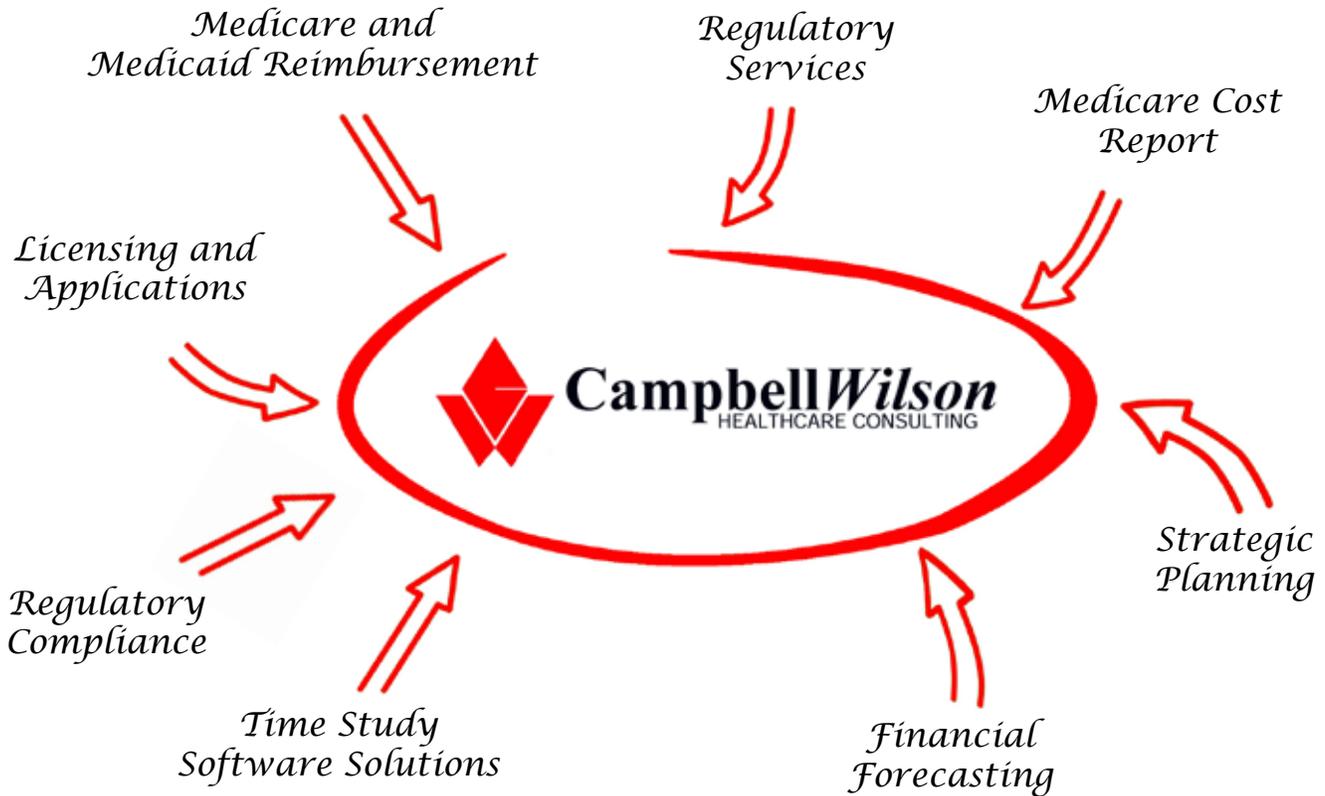
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●
● **2: one in the middle of a line who**
● **questions end people and acts as leader**

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Healthcare Heroes at Medical City Healthcare



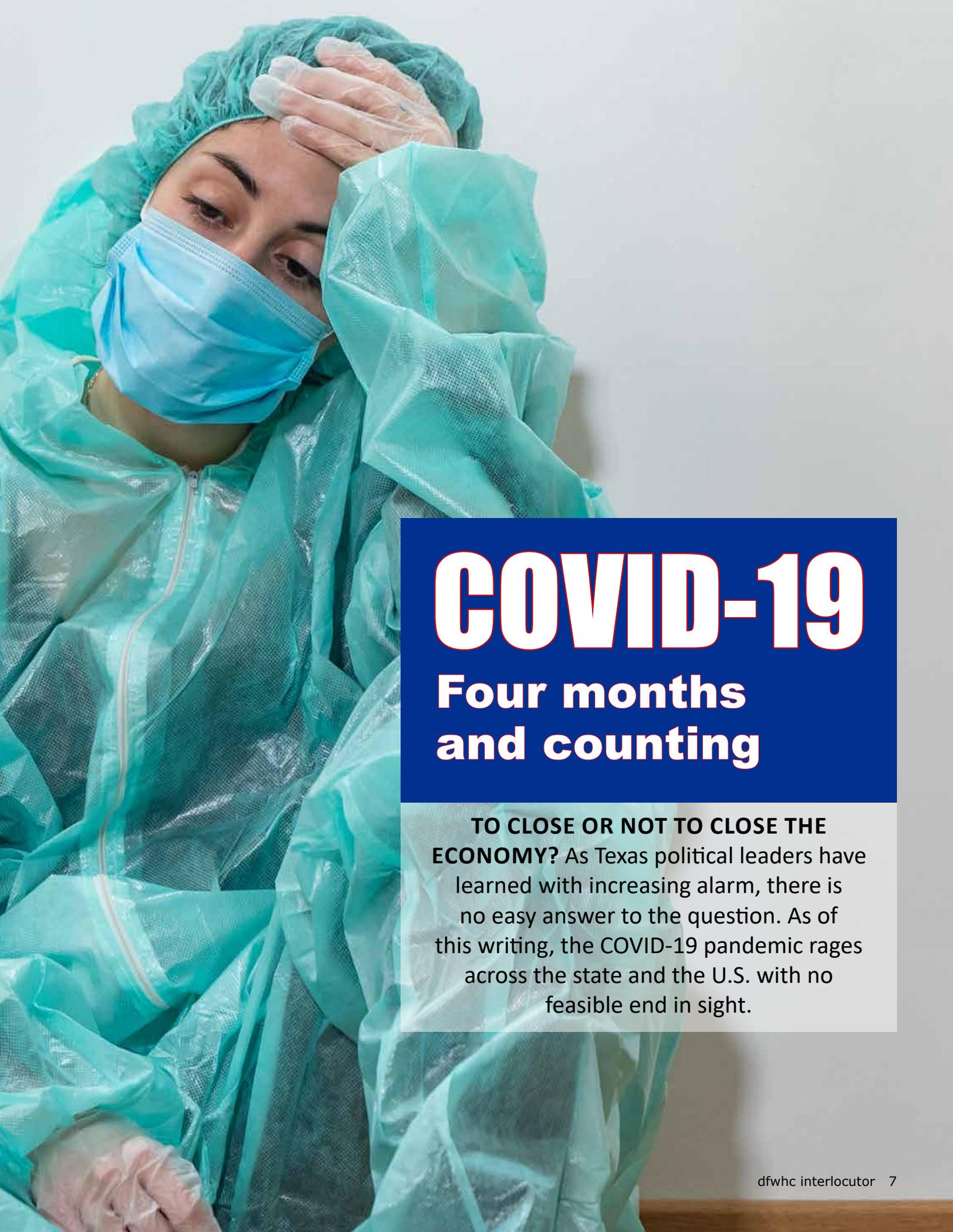
Healthcare Heroes at JPS Health Network

We would like to thank:

- **Baylor Scott & White Health**
- **JPS Health Network**
- **Methodist Health System**
- **Parkland Health & Hospital System**
- and **Texas Health Resources**

for providing the photographs for this story.





COVID-19

Four months and counting

TO CLOSE OR NOT TO CLOSE THE ECONOMY? As Texas political leaders have learned with increasing alarm, there is no easy answer to the question. As of this writing, the COVID-19 pandemic rages across the state and the U.S. with no feasible end in sight.



The majority of Americans say they support closing the economy a second time due to concerns over COVID-19, according to a new poll conducted by *The Economist*.

The poll's findings come as cases of COVID-19 are forcing states to

unexpectedly pause economies once again. The rise in cases in California, Florida and Arizona has prompted governors to halt reopening plans, while Texas has imposed renewed restrictions.

In the meantime, North Texas hospitals are inching ever closer to surge capacity as COVID-19 has infected more than 75,500 local residents causing 970 deaths. The state is also reeling, with 302,285 cases and 3,632 deaths, while the U.S. overall suffers from a 3.5 million cases and a disturbing 138,000 deaths.

North Texas hospitals, while having appropriate supplies of ventilators, patient beds and personal protective equipment (PPE), is faced with an increasingly fatigued workforce having battled the virus for four months and counting. Here's a continued look back at what has evolved into one of the most disruptive healthcare challenges in modern U.S. history.

April 27, 2020

Texas Gov. Greg Abbott begins a controlled reopening phase of businesses, allowing retail stores, restaurants, movie theaters and malls to open its doors.

Abbott said it was not yet safe for salons, barber shops, bars and gyms to open, but that if the community continues safe distancing practices, they would soon be allowed to open.

The governor's order supercedes all local orders.

May 1, 2020

North Texas malls reopen, including Dallas' Galleria and NorthPark Center.

Dallas and Fort Worth School officials say thousands of seniors will

mark their high school graduations with virtual ceremonies. The Dallas school district will hold 37 ceremonies between May 22-31. Fort Worth will hold 21 graduations online in June.

The Texas General Land Office orders the state's public beaches to reopen.

May 3, 2020

"I'm hopeful that the medical models will prove correct and we are nearing the peak," said **Dallas County Judge Clay Jenkins**. "Much of that will be determined by the choices each one of us makes. Please avoid crowds, maintain six-foot distancing and wear a cloth face covering at businesses."



Texas Governor Greg Abbott



May 5, 2020

Dallas County experiences multiple days of record highs in the number of new cases of COVID-19. The county's total case count surpasses 4,300. Tarrant County also reports a high number of new infections, with more than 2,600 confirmed cases.



COVID-19 survivor James Turner being proudly escorted out of Methodist Richardson Medical Center.

We're opening Texas as fast as possible while also containing the spread of COVID-19.

May 7, 2020

Gov. Abbott announces that the Texas Health and Human Services Commission received \$5.8 million in federal funding to provide counseling services to Texans affected by COVID-19.

After 45 days at **Methodist Richardson Medical Center**, 70-year-old **James Turner** receives a special sendoff as nurses and doctors lined the center's lobby while his family waited to see him. A husband and father of five, Turner came to Methodist Richardson with COVID-19 and was admitted to the ICU where he spent five weeks on a ventilator.

The Vietnam veteran is now in recovery.

Dallas-based retailer Neiman Marcus files for Chapter 11 bankruptcy. In announcing the filing, a Neiman Marcus's CEO said it was facing "unprecedented disruption" from the coronavirus pandemic.

Dallas salon owner **Shelley Luther**, who was jailed for defying local lockdown decrees, is released after a Texas Supreme Court order. The Court's decision came shortly after Gov. Greg Abbott removed "jail time" as a punishment for violating state COVID-19 restrictions.

May 8, 2020

The number of COVID-19 deaths in Texas tops 1,000.

May 10, 2020

The Federal Reserve Bank of Dallas says the COVID-19 pandemic has created unprecedented economic declines in Texas. A record 1.6 million Texans filed for unemployment insurance from March through April. Tarrant County reports 485 new COVID-19 cases, with officials confirming that 423 of those cases are among male prison inmates.

May 12, 2020

Texas Attorney General Dan Patrick sends a letter to Dallas County, warning that parts of the county's stay-at-home order are too restrictive and exceed state law — including mask requirements. The attorney general's office says residents are free to choose whether to wear one or not.

May 14, 2020

Gov. Abbott announces another set of business reopening plans.

"We're opening Texas as fast as possible while also containing the spread of COVID-19," he states.

Health experts say that even small steps toward reopening businesses will increase the number of people who become sick from the virus.

May 16, 2020

More than 3,000 nursing home residents in Texas have tested positive for COVID-19. The tests represent about 4% of the estimated number of Texans living in nursing homes. By comparison, about 0.15% of Texas residents have tested positive for the virus.

Over 700 cases are reported during an outbreak in Amarillo. Surge

Response Teams, consisting of 70 members of the National Guard and personnel from the Texas Emergency Medical Task Force, are deployed to the city.

May 17, 2020

The second phase of Gov. Abbott's plan to reopen the Texas economy begins. The state allows gyms, office spaces and non-essential manufacturing businesses to open.

May 20, 2020

Dallas officials expand mobile COVID-19 testing to all zip codes in the city. The city approves a contract for testing in selected zip codes.

"We're going to continue to give priority to zip codes that have been especially hard hit by COVID-19," said

Dallas Mayor Eric Johnson.

North Texas parks reopen, to include dog parks, skate parks and park pavilions.

May 23, 2020

A new study shows that 1 million Texans are projected to lose health insurance because of the U.S. economic recession caused by COVID-19. Texas' unemployment rate for April is the worst in recorded history, soaring to 12%.

May 24, 2020

Dallas County Health and Human Services reports that in people with COVID-19 who required hospitalization and reported employment, over 80% have been essential workers from health care, transportation, food and agriculture, public works, finance, communications, clergy and first responders.

May 25, 2020

Gov. Abbott says children should be able to return to schools by August. He says his office and the education



Healthcare Hero at Texas Health Resources

commissioner are developing strategies for schools to open safely.

June 1, 2020

In Texas, it is reported more than 1,600 have died from COVID-19, with the jobless exceeding 2 million. The ongoing trauma causes political debate between those who believe the pandemic is disrupting a sustainable economic order.

June 3, 2020

Gov. Abbott redeploys Guardsmen as protests over police brutality have swept the country. As a result, more than 250 National Guard members are pulled from their work helping the **North Texas Food Bank.**

Gov. Abbott announces the third phase Texas' reopening plan, with businesses allowed to operate up to 50% capacity.

June 7, 2020

Dallas County records its highest daily average number of new cases with more than 260. It is the county's second deadliest week, with 34 deaths tied to COVID-19.

June 8, 2020

Tarrant County reports 219 new COVID-19 cases. According to data released by county health officials, 164 of those new cases are due to a backlog caused by a "lab reporting issue." This brings the total number of confirmed cases in the county to 6,369, including 178 deaths.

June 9, 2020

As Texas moves forward with Gov. Abbott's plans for reopening businesses, the daily number of coronavirus cases and hospitalizations begins an upward



trend. The number of new cases reported each day grows from an average of 1,081 to 1,527. The trend shows new infections in Texas have risen by 71% in the past two weeks.

June 10, 2020

For the first time, Texas surpasses 2,000 patients hospitalized with coronavirus. The announcement

Dallas County has classified them as high risk for exposure.

The campaign “**Together We Test**” opens free walk-up coronavirus testing at **Disciple Central Community Church** in DeSoto, south of Dallas. This is the second testing site on the south side of Dallas County, with **Friendship-West Baptist Church** also providing free testing.

Services reports another record-breaking number of positive COVID-19 cases with 345 cases. This brings the countywide total to 13,930.

June 14, 2020

The number of COVID-19 patients continues to grow, with an estimated 2,287 hospitalized in Texas. Health

We’re going to continue to give priority to zip codes that have been especially hit hard by COVID-19.

marks the second consecutive day of Texas reporting a new high in hospitalizations.

A temporary testing site opens near the American Airlines Center to provide COVID-19 tests for those who’ve been protesting police brutality. Officials at **Parkland Health and Hospital System** say the protesters qualify for a federally subsidized coronavirus test because

June 11, 2020

The DFW Hospital Council (DFWHC) Foundation’s 13th Annual Patient Safety Summit, scheduled for August 12, is cancelled. The event goes virtual with online sessions announced for September 10, 17, 24 and October 1.

June 13, 2020

Dallas County Health and Human

and county officials become increasingly concerned.

June 15, 2020

As the Texas economy reopens and restrictions lifted, the number of COVID-19 cases and hospitalizations in North Texas surges. The COVID-19 forecasting model predicts a steady rise in cases past the end of June. Dallas County reports the highest

single-day number of cases — a record broken daily the previous week. Hospitalizations have also gone up, reaching the highest level recorded since the pandemic began. Dallas County also reported that emergency room visits for COVID-19 symptoms accounted for about a quarter of all emergency room visits.

June 16, 2020

U.S. airlines state they will crack down on passengers who refuse to wear face masks. American and United Airlines say they may even deny boardings to passengers refusing to wear masks.

June 17, 2020

Fort Worth ISD will offer parents two options for the 2020-21 school year: in-person instruction or virtual learning.

June 22, 2020

As coronavirus hospitalizations and cases continue to rise in Texas, Gov. Abbott urges people to wear masks and follow all health protocols to slow the spread.

“COVID-19 is now spreading at an unacceptable rate in Texas, and it must be corralled,” he said.

June 23, 2020

The DFWHC Foundation’s 24th Annual Employee of the Year Luncheon, originally postponed to September 16, is cancelled. In place of the Luncheon, nominees and winners will be celebrated virtually on September 21.

June 24, 2020

Texas sets another record single-day high for new coronavirus cases. Nearly 5,500 positive test results are reported.

“Because the spread is so rampant, there’s never a reason for you to leave your home unless you



need to go out,” Gov. Abbott said. “The safest place for you is at home.”

The DFWHC’s 72nd Annual Awards Luncheon, originally scheduled for October 14, is cancelled. Virtual recognition of the recipients of the Distinguished Health Service Award, Young Healthcare Executive of the Year and the Kerney Laday, Sr. Trustee of the Year will still take place online.

DFWHC President/CEO **Stephen Love** releases a statement to the press and public on COVID-19.

“We want the people of North Texas to please not panic regarding the COVID-19 virus,” Love said. “The virus has created increased hospitalizations over the past two weeks, but we have capacity in North Texas in our hospitals.”

June 25, 2020

As coronavirus cases increase across North Texas, local children’s hospitals begin to monitor the situation. **Cook Children’s** in Fort Worth stands ready to help other hospitals if needed.

Medical City Children’s Hospital in Dallas says its facility shares a campus with **Medical City Dallas**, so both adults and children can be treated. **Children’s Health** in Dallas said the hospital is monitoring the increase in COVID-19 cases as well.

Dallas Mayor Johnson and the DFW Hospital Council discuss plans to reopen a temporary medical facility at the Convention Center in downtown. After the meeting, it is decided hospital capacity is manageable and the off-site facility is not necessary for the time being.

County Judge Glen Whitley issues an executive order that face coverings are now required at all Tarrant County businesses.

Gov. Abbott announces the state will pause any further phases to reopen.

Dallas County and Parkland

Hospital introduce a texting tool to help with contact tracing. A person can now get a text message if they test positive for the coronavirus, asking them to fill out a survey about who they have been close to for an extended length of time.

June 26, 2020

Gov. Abbott orders bars closed for a second time.

June 29, 2020

Judge Jenkins asks the Governor to implement a statewide mandatory mask ordinance and to reinstate the “Stay Home, Stay Safe” order for 30 additional days.

DFWHC President/CEO Stephen Love releases a second statement to the public and press on behalf of the hospitals of North Texas.

“Hospital CEOs across North Texas have been monitoring the ongoing transmission rates of COVID-19 since the earliest days of the pandemic,” said Love. “In response to the recent increase, we want to reassure the public that this pandemic is not eclipsing our capabilities. Our hospitals currently have the ICU capacity, staff and supplies to meet the health care needs of our community.”

June 30, 2020

McKinney Mayor George Fuller issues a disaster declaration requiring residents to wear masks in public.

July 2, 2020

Gov. Abbott issues an order requiring Texas residents in counties with 20 or more positive COVID-19 cases to wear masks when in public.

July 3, 2020

New confirmed cases in Dallas County spike above 1,000 for the first time, bringing the total to 23,675. County Judge Jenkins said there’s no



Healthcare Heroes at Baylor Scott & White Health

COVID-19 is now spreading at an unacceptable rate in Texas, and it must be corralled.

doubt the virus is surging.

“Today we reached 1,000 new cases for the first time and are reporting six deaths. So far, we’ve seen a jump in the average number of daily cases from 451 last week to 680 this week and have recorded 42 deaths, our deadliest week thus far.”

DFWHC President/CEO Love releases a new statement to the public and press on COVID-19.

“Based on multiple predictive models, we are worried about increased positive testing, hospitalizations and spikes in the community spread of COVID-19,” Love said. “The doubling rate continues to increase and is now approaching 16-17 days, which indicates increased COVID-19 spread. If this trend continues, we will have to implement surge plans in the hospitals within 2-3 weeks.”

July 7, 2020

With DFWHC’s Love serving as

a spokesperson for North Texas hospitals, he conducts a radio interview with **KRLD 1080 AM** on the rising numbers of COVID-19 patients. It marks his 130th press interview over the past four months.

July 8, 2020

With the Texas Republican Party planning to hold an in-person convention in Houston next week, executive director **Kyle Whatley** says state GOP leaders have changed their minds about participating.

“All the elected officials are switching from a live, in-person speech to videos,” he said.

July 9, 2020

The number of children getting sick with coronavirus is increasing. Dallas County Health and Human Services data reported more than 1,500 children tested positive for COVID-19 last month — more than twice the number in May. This comes as



Healthcare Heroes at Parkland Health & Hospital System

parents, teachers and public officials debate on the best way to reopen schools in the fall.

July 10, 2020

As admissions spike, North Texas hospitals announce they could turn to surge plans.

“The next two weeks are a critical time for North Texas hospitals,” said Love. “Facilities may have to implement surge plans to increase the number of available beds. In two weeks, our volume could be significantly higher than it is now, which means we might have to begin surge capacity implementation on our campuses.”

July 11, 2020

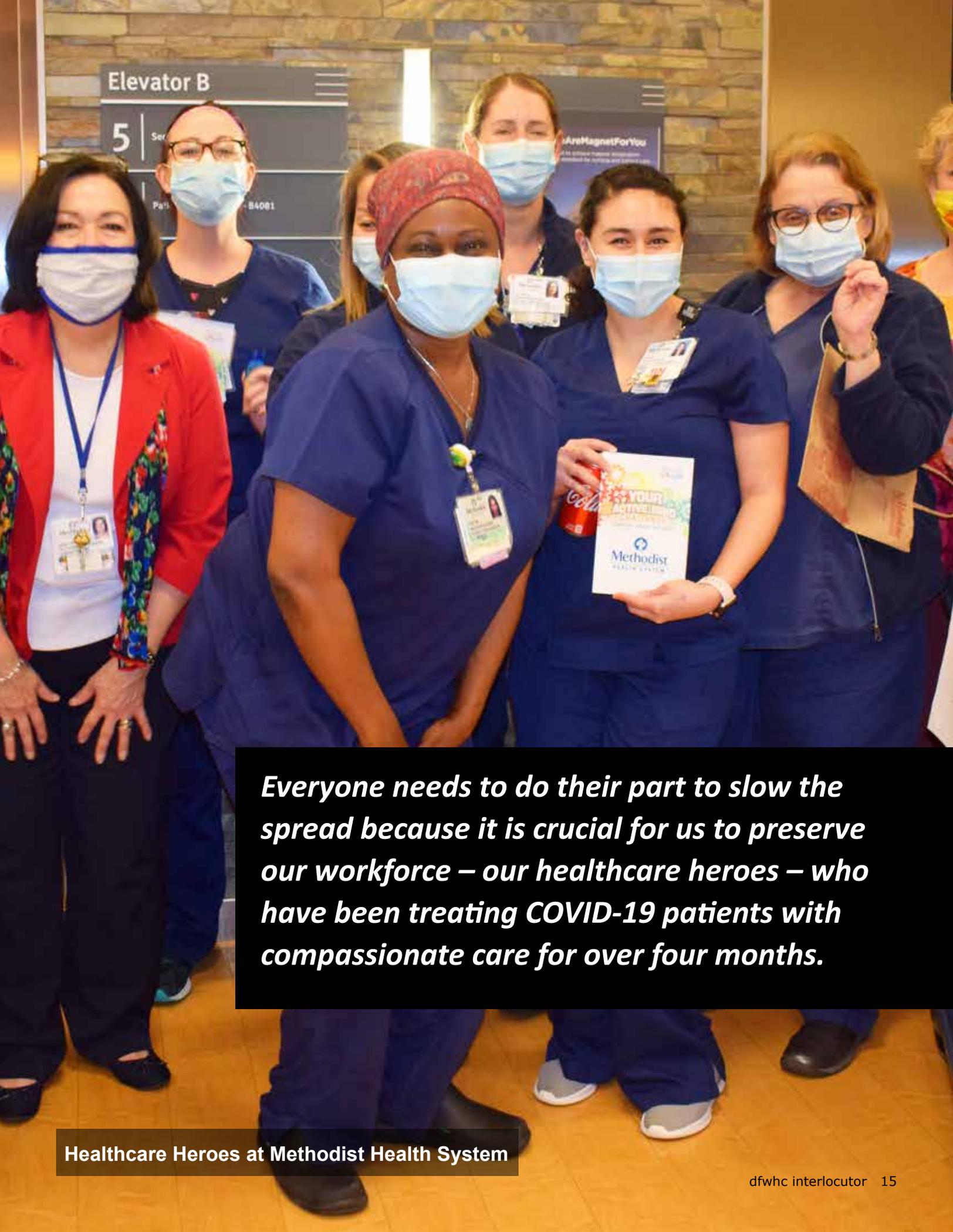
Dallas County ended the week with an average of 1,121 cases per day and 54 total deaths, making the past week the county’s deadliest and the one with the highest daily case average.

U.S. President Donald Trump, while visiting Walter Reed National Military Medical Center in Washington,

D.C., wears a mask in public for the first time.

On July 14, it was announced a federal disaster response team is on the way to help North Texas hospitals care for COVID-19 patients. The DFW Metroplex is one of six areas statewide receiving a team to help meet crucial hospital staff shortages. Having enough beds is irrelevant if hospitals don’t have enough people to care for patients, according to Love.

“Everyone needs to do their part to slow the spread because it is crucial for us to preserve our workforce – our healthcare heroes – who have been treating COVID-19 patients with compassionate care for over four months,” Love said. “We are all in this together and we need to display respect for our fellow Texans by wearing masks, practicing physical distancing, washing our hands and utilizing good personal hygiene. We need to help slow the spread of COVID-19 to save lives. We can do this if we all participate in a responsible way.” ■



Everyone needs to do their part to slow the spread because it is crucial for us to preserve our workforce – our healthcare heroes – who have been treating COVID-19 patients with compassionate care for over four months.

Healthcare Heroes at Methodist Health System

KRLD
NewsRadio
1080



Sunday's at
1:00 and 7:00 pm



ON AIR

The *Human Side* of Health Care



*Stephen Love (left)
and Thomas Miller*



Winjie Tang Miao

THE DFW HOSPITAL COUNCIL (DFWHC) RADIO program “The Human Side of Healthcare” has marched forward on a weekly basis during the COVID-19 pandemic on **KRLD 1080 AM**. The weekly radio show airs Sundays from 1-2 p.m. CDT, with a repeat broadcast at 7:00 p.m.

Hosted by DFWHC President/CEO **Stephen Love** and KRLD’s **Thomas Miller**, the program has walked a fine line between showcasing the activities of North Texas hospitals and providing crucial COVID-19 community updates.

“The program has evolved into a community service as we provide weekly updates on our work in fighting the COVID-19 pandemic,” Love said. “We consider it an important duty of the program to highlight our many healthcare heroes while also placing an important emphasis on the hundreds of other services provided by our North Texas hospitals.”

Guests during the spring and summer have included:

- **Dr. John Harper** of Texas Health Presbyterian Hospital Dallas;
- **Beth Warren** of Children’s Health and UT Southwestern;
- **Dr. David Winter** of Baylor Scott & White Health TX Provider Network;
- **Dr. Darryl Amos** of Methodist Health System;
- **Dr. Daniel Guzman** of Cook Children’s;
- **Dr. Veer Vithalani** of JPS Health Network;
- **Dr. Amit Khera** of UT Southwestern;
- **Dr. John Carlo** of Prism Health North Texas;
- **Gladys Kolenovsky** of Texas Scottish Rite Hospital for Children;
- **John McCracken** of UT Dallas and UT Southwestern;
- **Nancy Vish** of Baylor Scott & White Heart and Vascular Hospital;
- **Patti Niles** of Southwest Transplant Alliance;
- **Doreen Freeman** of Methodist Dallas Medical Center;
- **Dr. Ann Warren** of Baylor University Medical Center;
- **Tom Collins** of Medical City Green Oaks Hospital;
- **Dana Dempsey** of Texas Scottish Rite Hospital for Children;
- **Mike Sanborn** of Baylor Scott & White All Saints Medical Center – FW;
- **Dr. Robert Schmidt** of Texas Hip and Knee Center Fort Worth;
- **Dr. Ajai Cadambi** of Texas Hip and Knee Center of Fort Worth;
- **Ashleigh Kinney** of Texas Scottish Rite Hospital for Children;
- **Erin Prendergast** of Texas Health Presbyterian Hospital Dallas;
- **Winjie Tang Miao** of Texas Health Resources;
- **Dr. Brian Jones** of Methodist Health System;
- **Shannon Huggins** of Methodist Health System;
- **Jason Isham** of Children’s Health;
- **Dr. Sheri Puffer** of Women’s Health Services;
- and **Pat Jackson** of Children’s Health.



Dr. John Harper



Dr. Ann Warren



Dr. Amit Khera

KRLD 1080 AM serves North Texas with a news/talk radio format covering 30 counties across North Texas. It is also broadcast nationwide on **Radio.com**. ■

Your feedback is welcome. For information, please do not hesitate to contact radio@dfwhc.org.

Around DFWHC

DFWHC announces cancellation of Oct. 14 Annual Awards Luncheon

IT IS WITH GREAT REGRET the DFW Hospital Council (DFWHC) announced on June 24 the cancellation of its in-person **72nd Annual Awards Luncheon** originally scheduled for October 14 at the Irving Convention Center.

While the Luncheon has been cancelled, virtual recognition of the recipients of the Distinguished Health Service Award, Young Healthcare Executive of the Year and the Kerney Laday, Sr. Trustee of the Year will still take place, with a video to honor these friends of healthcare.

“Following a meeting with our board of trustees, we decided it was in the best interest for all involved if the Annual Awards Luncheon was cancelled due to the COVID-19 virus,” said **Stephen Love**, president/CEO of DFWHC. “Since the luncheon attracts approximately 1,000 attendees, we believe such a gathering would not be a good public health decision.”



Young Healthcare and Kerney Laday, Sr. nominees were accepted until the July 17 deadline. The DFWHC Board will judge the nominees and announce the recipients in August. The Distinguished Health Service Award will also be determined by the Board. A virtual video honoring the recipients will be posted and distributed in October.

For questions, please contact **Chris Wilson** at chrisw@dfwhc.org. ■

JPS Health Network named top hospital in America



JPS HEALTH NETWORK WAS NAMED THE BEST HOSPITAL in the U.S., according to a new hospital evaluating system unveiled July 7 by *Washington Monthly Magazine*. Ranking near the top of every category, it out-scored the most prestigious healthcare organizations in America.

“What Americans should be asking is, why can’t more hospitals be like JPS?” *Washington Monthly* countered in explaining its findings. “Shouldn’t every person in this country have access to a hospital that provides high-quality care, welcomes all comers regardless of wealth and insurance status, and contributes to the larger health of the community?”

In conjunction with the Lown Institute, the magazine created a new ranking system designed to identify hospitals that offer the best high-end care, provide healthcare for at-need populations and serve as leaders in their communities.

“The people who come to work at JPS don’t get up in the morning hoping to win awards,” said **Robert Earley**, president/CEO of JPS Health Network. “They come here because they’re dedicated to providing the best care they can to the people of Tarrant County, regardless of their economic status. This recognition belongs to our team of 7,200 of the most dedicated people who make sure the people of our community get the care they need.” ■

**Don't delay
emergency care
– call 9-1-1**

**Don't wait. Delaying
needed care can
be dangerous.**



DFWHC promotes 9-1-1 campaign in North Texas

AS NEW COVID-19 CASES CONTINUE TO RISE in North Texas, the Centers for Disease Control and Prevention (CDC) released a report in May suggesting ER visits were down an alarming 42% across the U.S. compared to the same period last year.

Evidence also revealed people suffering from heart attacks or strokes pronounced dead on scene were up 164% compared to 2019. The drastic increase is attributed to people being afraid to call 9-1-1 due to COVID-19.

To combat this trend, the DFW Hospital Council (DFWHC) created the new public awareness campaign, “Don't Delay Emergency Care – Call 9-1-1,” to remind

North Texas residents that the hospital remains the safest place to be if they experience symptoms of a heart attack or a stroke.

“Delaying your healthcare could have long-lasting consequences,” said **Stephen Love**, president/CEO of DFWHC. “The health of patients of North Texas is a top priority of our hospitals, and they have implemented protocols to ensure that they are doing everything to keep you safe. If you need medical attention, please call 9-1-1!”

The campaign has been distributed this summer by DFWHC on its social media channels. For questions, please contact **Chris Wilson** at chrisw@dfwhc.org. ■

DFWHC posts national blog on calling 9-1-1

DFW HOSPITAL COUNCIL PRESIDENT/CEO **STEPHEN LOVE** posted a June 16 blog on the **American Communities Project** website titled “Americans' Fear of Seeking Medical Care During Covid-19.” With the spread of COVID-19, Love's blog details the frightening drop in 9-1-1 calls due to residents' fear of contracting the virus.

“Unexpectedly, many people suddenly feared seeking medical treatment because they were afraid of contracting COVID-19 in hospitals or clinics,” said Love. “A recent Kaiser Family Foundation poll showed that approximately half of the public stated they had skipped or postponed medical care due to COVID-19.”

You can read the full blog at <https://www.americancommunities.org/americans-fear-of-seeking-medical-care-during-covid-19/>. ■



Associate Members

EVICTIION NOTICE

*COVID-19 Cases
INCREASE,
Commercial Eviction
Restrictions
DECREASE*

IN APRIL 2020, HALL RENDER PUBLISHED AN ARTICLE detailing state statutory, administrative and common law directives guiding commercial eviction and foreclosure actions during the COVID-19 pandemic.

Two months later, the pandemic has far from subsided with many states reporting rising rates of new cases and experts predicting a second wave sometime in the fall, yet many of these directives have expired. As of the date of this article, only a handful of states still have statewide commercial eviction moratoria, each of which are listed below:

- **Connecticut:** The Supreme Court stayed the service of all issued

orders on evictions and ejections until August 1, 2020.

- **Illinois:** Executive Order No. 2020-44 extended a moratorium on evictions until July 26, 2020.
- **Maine:** Executive Order No. 40 FY 19/20 provides a moratorium on all evictions based on rent nonpayment caused by COVID-19. It expires 30 days after the state COVID-19 emergency declaration is terminated.
- **Maryland:** Executive Order No. 20-04-03-01 provides a moratorium on all evictions if the tenant can show a substantial loss of income due to COVID-19. It remains in effect until the state of emergency declaration is

terminated.

- **Massachusetts:** A moratorium (imposed by the newly enacted H.4647) provides that eviction may not be served on a “small business” tenant, as defined in the law. This provision will remain in effect until the sooner of August 18, 2020 or 45 days after the governor ends the state COVID-19 declaration.
- **New York:** Executive Order No. 28 provides that no eviction proceedings, based on rent nonpayment caused by COVID-19, may be initiated against a commercial tenant until August 19, 2020.
- **Oregon:** The newly enacted HB 4213 provides that no eviction

proceedings for nonpayment may be initiated until September 30, 2020 and that commercial tenants have until March 31, 2021 to correct any nonpayment.

- **Pennsylvania:** Based on an executive order, all eviction proceedings based on nonpayment are stayed until July 10, 2020.

In the absence of a statewide directive barring commercial eviction actions, landlords and tenants should still consider the following questions:

1. Do any local restrictions bar commercial evictions?

In the absence of a statewide directive, some municipalities have enacted similar commercial eviction directives. For example, Florida's judicial statewide eviction moratorium expired on June 30, 2020, but officials in Broward and Miami-Dade counties imposed their own eviction restrictions thereafter. In California, Executive Order No. 28-20 (extended by No. 71-20) provides that local governments may impose commercial eviction moratoria at their discretion. Similarly, in Colorado, Hawaii and Ohio, among others, district court systems have broad discretion in deciding what kind of cases they hear.

2. Is there any pending legislation addressing commercial evictions during the COVID-19 pandemic?

While states traditionally address commercial eviction directives through executive orders from their governors, at least two states (Massachusetts and Oregon) passed legislation codifying those protections. Although the language of these bills largely track the terms of the statewide executive orders, memorializing those protections in the state code likely makes them more difficult to rescind and, as a result, provides greater protections for tenants. Legislation may also be the more appropriate mechanism for regulating commercial evictions if state law does not grant the governor or other state officials the authority to execute such a directive.

3. Where states permit commercial evictions, what court rules guide eviction actions?

In other states where the statewide ban of commercial

evictions expired or was rescinded, courts heightened pleading requirements for eviction actions. Courts in states like North Carolina, Texas and Oklahoma now require landlords to affirmatively plead that their building is not covered by the CARES Act and thus barred from bringing an eviction action until July 25, 2020. In some states with eviction protections, like Maryland, the tenant seeking relief must provide documentation of their COVID-19-related losses. Although these directives do not outright ban filing commercial evictions or executing eviction orders, they make litigating these cases more difficult for landlords.

* * *

The foregoing considerations will be increasingly important as more statewide commercial directives expire or are rescinded. Although much of the current national narrative as to evictions focuses on increasing rates of residential evictions (and rightfully so), commercial landlords and tenants should expect and prepare for a similar surge in health care real estate. A recent Texas survey, for example, found that more than 2/3 of physicians reported their patient volume has reduced by at least 50% since the pandemic began. These significant reductions in patient volumes will inevitably affect these physicians' revenues and their ability to meet their existing financial obligations. Health care landlords and tenants should carefully consider the state and local legislative, administrative and judicial directives addressing commercial evictions for lease disputes arising out of COVID-19.

If you have any questions about the information contained above, please contact:

- **Addison Bradford** at (317) 977-1403 or abradford@hallrender.com;
- **Matt Paradiso** at (248) 457-7844 or mparadiso@hallrender.com;
- **Gerard Faulkner** at (214) 615-2036 or gfaulkner@hallrender.com; or
- Your regular Hall Render attorney.

Special thanks to JD French, law clerk, for his assistance with preparing this article. ■



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PERSPECTIVES

INSIGHTS & INSPIRATION IN HEALTHCARE MARKETING

How to plan out your marketing strategy during these difficult times.

Given the current environment, each marketing dollar you spend must be strategically placed. You first must ask yourself, is your online presence the best it can be to ensure you are making it easy for a prospect, patient or physician to find you after being exposed to your advertising? Your company may rely on physician referrals, but your online presence will help or hurt you. By not having your online house in order, you could be wasting your marketing dollars and losing opportunities.

Here are three examples:

Example 1 - When a consumer goes online to find your company, by performing a Google search, your competitors will intercept that person if your online presence is not done correctly.

Example 2 - If you want to track effectiveness of your marketing, the CTA (call-to-action) needs to direct them to a landing page or some other tracking means.

Example 3 - Your website needs to track the journey of the website visitor to ensure you are delivering the right content and access to have them contact you.

Once you are confident of your online presence, you can move on to determining the best approach in generating exposure for your brand. Following are a few marketing methods to consider:

Consumer or trade magazines

- Identify the circulation of their publication
- Identify the cost-per-thousand readers
- Review their editorial calendar. Will these topics be of interest to your audience?
- Are they willing to provide you value-add advertising at no cost?
- Readership of printed publications has significantly dropped since content is delivered online

Radio advertising

- DFW is an expensive market, but it is a good way to reach a broad audience
- Find a station, or two, that will best reach your target audience
- Identify their cost of “reach and frequency” based on your budget. (Reach is how many listeners will hear your commercial. Frequency is how many times will the listener hear your commercial.)

By not having your online house in order, you could be wasting your marketing dollars & losing opportunities.

Television advertising

- Again, DFW is an expensive market.
- TV is also a good way to reach a broad audience
- There are three ways to purchase TV advertising:
 - Broadcast advertising: this will reach the majority of TV households in DFW
 - Cable advertising: it is less cost than broadcast as it gives you the ability to buy in smaller geographic areas
 - Connected TV (CTV): this is streaming TV over the internet. It allows you to cost effectively advertise on Roku, SlingTV, DirectTV and other premium content providers. It is a more precise form of targeted TV, with much less cost than the two indicated above

Digital advertising

- There are many options here – each effective in their own way. Here are a few:
 - Display advertising – advertising on

other websites people will visit (geo specific)

- Social advertising – paid targeted ads on popular social sites, such as Facebook and Instagram
- Remarketing advertising – advertising to individuals who have recently visited your website

Event marketing

Participating in local events such as:

- Health fairs
- Local community events

Guerrilla marketing

Non-traditional and budget-friendly marketing through the use of surprise or unconventional methods to reach your audience:

- A much smaller scale of advertising
- Street teams can hand out premiums
- Projection of images through lighting on to buildings, sidewalks, etc.
- Experiential marketing allowing audience to engage with your brand

Hopefully, this information is helpful to you. Understanding all your options to decide on how to best use your marketing budget is crucial. Remember, failing to plan is a plan to fail.



About the author

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Associate Members

10 Strategies for Navigating Volume to Value

By **Duncan Gallagher**

President of Donegal Advisory
Services, Health Catalyst

AS A COUNTRY, WE ARE CONFRONTING MANY OPTIONS REGARDING accessible and affordable health insurance. Our choices include supporting state and national insurance exchanges, eliminating the individual mandate, repealing the Affordable Care Act, advancing Medicaid block grants and creating Medicare for All.

As our communities debate the merits of these alternatives, as a nation, we must eventually confront an issue not often discussed in the mainstream: the significant challenge underlying all insurance options in an increasingly unaffordable healthcare services delivery system.

Amid these challenges, the healthcare industry is in limbo between value and volume-based payment models, as unaffordability pushes a shift to value, but the current environment still supports volume. To survive economically, health systems must understand the factors driving both payment models as well as strategies to balance value it replaces volume.

CONSISTENT RISE IN THE COST OF CARE DELIVERY

For many years, the annual cost of healthcare services has increased at a rate greater than that of general inflation. As a result, healthcare expenditures as a percent of GDP now approach 18 percent—more than doubling from 8 percent of the 1980s.

Many factors contribute to the consistent rise in cost including:

- Demographic trends;
- End of life;
- Care variation and non-standard, suboptimal care;
- Unproven technologies (pharmacological, diagnostic);
- Failure to match healthcare setting and teams;
- A care system that does not reliably share information.

With the environment described above persisting for decades, healthcare service capitalism has thrived under service payment systems incenting more care—known as fee for service (FFS). But as a designed byproduct, the FFS model drives more service, higher costs and more GDP consumption.

STEMMING THE RISING TIDE OF COST

To stem this rising tide of cost, the largest purchasers of health services, the federal and state governments, have for years constrained FFS payment increases at rates below those of other purchasers. Other large purchasers (large employers and insurers) have become increasingly frustrated with the pricing gap between fees paid by the governments and those they pay. These other purchasers are in turn demanding lower rates.

Despite these pressures, healthcare costs have



continued to rise, implying more services at suppressed rates. In any event, healthcare organizations have experienced significant margin pressures despite costs continuing to rise. Alternative payment mechanisms will gradually become more attractive to providers.

Alternate payment mechanisms including value-based care (VBC) payment models have been introduced. The VBC adoption rate, however, has been slow. Provider success rates have been slower. But to effectively address the total cost challenge, a mechanism that deemphasizes care volume through alternative, outcomes-based models seems imperative.

SHIFT FROM FEE FOR SERVICE TO VALUE-BASED CARE

CMS has been a strong advocate for VBC. Since the latter 20th century, CMS changes in payment methods have driven health services payment changes.

While it's increasingly hard to imagine VBC payments not becoming the more prevalent means of provider compensation, adoption remains slow. FFS mechanisms will not go away quickly and remain important to provider financial success. A fifth of the world's largest economy is based on FFS models. Change of this scale takes time.

TEN STRATEGIES TO BALANCE VALUE WITH VOLUME

As healthcare makes its shift towards VBC, organizations must carefully navigate a balance of FFS and VBC payment. Ten strategies will be critical to that balance:

1. A Member Perspective: Measure market share in new members, not patients. As health systems are paid for managing populations, it becomes less productive to count patients.

2. Cautious Investment: Carefully examine investment that builds delivery capacity. Think telemedicine versus

patient facilities and exam rooms.

3. Investment in Digital Infrastructure: Invest in a cloud-based analytics platform (e.g., the Health Catalyst® Data Operating System [DOS™]).

4. Innovative Digital Engagement: Leverage technology and integrate care team redesign to strengthen relationships and brand.

5. Pricing Concessions: Establish competitive pricing to position health services.

6. Aligned Incentives: Align physician, management and team compensation incentives to reward value and advance the drivers under VBC.

7. Network Management: Build an effective care system and then keep member care in the network. A care system truly providing optimal value will be well integrated in both process and information.

8. Payer-provider Trust: Build payer-provider collaboration. The resultant trust will benefit all parties and is critical to increase the adoption rate of VBC. Transparent and fair payer contracts are necessary.

9. Clinician and Administrative Alignment: Develop governance to bring clinicians and administration together to build VBC management infrastructure.

10. Physician Leadership and Accountability: Develop physician leaders. Vigorously monitor system and performance against benchmarks by reporting on outcomes and results, with a dedication to driving transformation.

While health systems can't prudently commit wholesale to VBC, those who cling too long to FFS will risk long-term viability. Organizations must build strategies to increase their operational and financial agility and promote sustained investment in competencies critical under VBC while continuing to balance value and volume. ■

Associate Members



By **Kathy Reep**
Senior Manager, PYA

CMS Price Transparency Rule: What hospitals need to know

RISING HEALTHCARE COSTS HAVE LONG PLAGUED THE U.S., with consumer, employer, provider and even the federal government bearing the financial burden. But the charges and payments for certain healthcare services have not always been clear or easy to compare. A new rule set to take effect **January 1, 2021**, aims to address price transparency in healthcare. The Centers for Medicare & Medicaid Services' (CMS) Price Transparency Final Rule (Final Rule, or Rule), finalized in November 2019, will require U.S. hospitals to establish, update and make public a list of their standard charges for the items and services they provide. While ambiguities exist in the Rule, there are definitive actions hospitals should take now to prepare for the January 1 effective date.

WHO WILL BE AFFECTED?

The Final Rule defines a hospital as "an institution in a State in which State or applicable local law provides for the licensing of hospitals, that is licensed as a hospital pursuant to such law, or is approved, by the agency of such State or locality responsible for licensing hospitals, as

meeting the standards established for such licensing." A hospital as defined by CMS is not limited to an institution enrolled in Medicare, but, for the applicability of the Rule, excludes federally owned and operated hospitals such as the Veteran's Administration and hospitals operated by the Indian Health Service.

WHAT IS REQUIRED?

In addition to the current requirement to post standard charges (chargemaster) on their websites, the Final Rule requires hospitals to publish online, in a machine-readable file, their payer-specific negotiated rates for 300 "shoppable services" and the hospital's standard charges. Of those published services, CMS has identified 70 that must be included if the services are provided by the hospital. Additionally, the standard charges they must publish include the gross charge, payer-specific negotiated charge, discounted cash price, and the de-identified minimum and maximum negotiated charge.

CMS will monitor compliance by reviewing complaints submitted to CMS regarding hospitals' non-compliance



with the Rule. If after investigating such complaints CMS finds a hospital to be non-compliant, CMS may take additional actions—issuing a written warning, requesting a corrective action plan to address the non-compliance, and potentially issuing a civil monetary penalty (CMP).

DEFINITIONS

Items and Services – All items and services—including individual items and services and service packages a hospital could provide to a patient visit—for which the hospital has established a standard charge. Examples include: supplies and procedures, room and board, use of the facility, services of employed physicians and non-physician practitioners, and any other items or services for which a hospital has established a standard charge.

Standard Charge – CMS acknowledges that a hospital may not have a “standard charge” for an item or service, as charges may vary depending on the circumstances. Therefore, CMS has defined standard charges to mean “gross charges” and “payer-specific negotiated charges.” All of the following types of prices must be posted:

- **Gross charges;**
- **Payer-specific negotiated charges;**
- **Discounted cash price;**
- **De-identified minimum and maximum negotiated charge.**

Machine-Readable File – The five types of standard charges must be published in two ways. The first is a comprehensive machine-readable file that makes public all standard charge information for all hospital items and services. The second is a consumer-friendly display of common “shoppable” services derived from the machine-readable file. CMS’ intent is for the second option to be a shorter list for consumers seeking to compare costs for common shoppable services by hospital. The following must be included in the machine-readable file:

- Description of each item or service;
- The corresponding gross charge;
- The corresponding payer-specific negotiated charge;
- The corresponding de-identified minimum negotiated charge;
- The corresponding de-identified maximum negotiated charge;

- The corresponding discounted cash price;
- Any code used by the hospital for purposes of accounting or billing for the item of service.

Additionally, the file must be a single digital file in a machine-readable format. A portable document format (PDF) would not meet this definition because the data contained within the PDF file cannot be easily extracted without further processing or formatting.

Shoppable Services – In addition to including all standard charges for items and services in the machine-readable file, hospitals must also make public in a consumer-friendly manner their payer-specific negotiated charges for 300 common services for which consumers may have the opportunity to shop. A shoppable service is a service that can be scheduled by a healthcare consumer. When the shoppable service is customarily accompanied by the provision of ancillary services, a hospital must present the shoppable service as a grouping of related services, meaning that the charge for the primary shoppable service is displayed along with the charge for ancillary services. Examples of shoppable services include certain imaging and laboratory services, medical and surgical procedures, and outpatient clinic visits.

CMS has specified 70 shoppable services for which corresponding standard charges must be made public. A hospital must select the additional 230 shoppable services based on the services’ utilization or billing rates in the previous year. It must take into consideration the frequency with which it provides services to the population when determining the hospital-selected shoppable services. The hospital must publish a minimum of 300 shoppable services.

While there is always a potential for additional appeals and changes in legislation, presently hospitals must prepare for the January 1, 2021 date or risk facing the CMP. If you have questions related to the CMS Price Transparency Final Rule, or need assistance with evaluating how your organization will comply, contact one of our PYA professionals at **(800) 270-9629**. ■

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Jennifer Miff

President, DFWHC Foundation
Senior Vice President, DFWHC

Supporting a successful recovery

WHILE WE WORK TOGETHER to optimize our regions’ immediate and continued pandemic response, it is critical to also keep an eye toward longer-term objectives that will support a successful recovery.

Even as COVID-19 cases and hospitalizations rise, the DFW Hospital Council (DFWHC) Foundation has facilitated collaboration and cooperation in areas such as transitions to long-term acute care or skilled nursing facilities, nursing management and leadership, ongoing clinical education priorities, patient safety and quality, and human resources planning.

At the same time, we have refocused on critical work that will help the industry and community rebound. Workforce development activities and grants ensure talent flow through the system and provide critical jobs to stimulate the economy. Our **Mental Health First Aid Program** is more important now than ever. This training increases awareness of key signs, prevents stigma, and helps ensure those in need are directed to the right resources.

In addition, our **Diabetes Prevention Program** funded by the state helps vulnerable populations improve their lifestyle choices to keep themselves as safe as possible. This is especially critical given the higher risk of COVID-19 complications due to existing chronic conditions.

We have also formed a work group of data and research experts to stay ahead of COVID-19 research needs. The DFWHC Foundation’s **North Texas Healthcare Information and Quality Collaborative** gets data 290 days faster than the Texas Health Care Information Collection (THCIC). This gives our community the opportunity to delve more quickly into regional COVID insights – from emergency room visits to admissions, ICU utilization over time, and future readmissions or complications from existing chronic conditions. Location data allows consideration of social determinants of health and other socio-economic factors.

Our September data release will contain case data through June. Any academic, non-member health system, or other grant-based organization seeking to leverage the DFWHC Foundations’ data for research or education purposes should reach out to **Dr. Sushma Sharma** at ssharma@dfwhcfoundation.org with questions.

Thank you to our healthcare heroes and please stay safe! ■

How to contact us

972-717-4279

info@dfwhcfoundation.org



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Inspire continuous improvement in community health and healthcare delivery through collaboration, coordination, education, research and communication.

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The Patient Safety Summit has gone virtual!

THROUGH RAIN, SLEET OR COVID-19, the **13th Annual Patient Safety Summit** is set to begin in September! Previously scheduled for August 12, the event will now take place virtually over four two-hour sessions via webinar on **September 10, 17, 24 and October 1**.

The summit's agenda was announced in June, to include Keynote Speaker **Meagan Johnson**, the hilarious and motivational generational expert. The Summit's schedule and agenda includes:

- Sept. 10, 10:00-11:30 a.m. – Keynote Speaker **Meagan Johnson**, "Generational Workforce"
- Sept. 17, 10:00-11:00 a.m. – **Audrey Cortez**, "Steady and Raise Method for Resiliency"
- Sept. 17, 11:00-12:00 noon – **Winjie Tang Miao**, "Shifting Priorities to Consumer and Patient Safety Focus"
- Sept. 24, 10:00-10:40 a.m. – Panel to include **Lara Burnside**, **Brittany Hendrickson** and **Anne Van Dyke**, "Patient and Family Engagement"
- Sept. 24, 10:45-11:30 a.m. – **Valere Lemon**, "Active Trigger Surveillance: Illuminating our Safety Blind

Spots"

- Sept. 24, 11:30 a.m.-12:15 p.m. – Panel to include **Lisa M. Boone**, **Sherry Cusumano** and **Lee Ann Franklin**, "Mental Health"
- Oct. 1, 10:00 a.m.-12:00 noon – **DFWHC Foundation Health Literacy Committee**, "Health Literacy Workshop"

This year's virtual event will be offered at a reduced cost of \$120 for all four sessions or \$30 for a single session. There are also discounts for groups of 10 or more.

Continuing education credits will include 7.75 CNE's, CPHQ and ASHRM, as well as ACHE Qualified Self-Reported Credits.

Poster submissions will also return this year, shared via the Internet. Key presenters for each poster will receive free registration to the Summit. Deadline to submit a poster is **August 14**.

For event details and to register, please go to <https://dfwhcfoundation.org/about/events/patient-safety-summit/>. ■

Around DFWHC Foundation

Mental Health Awareness month

SINCE 1949, MAY HAS BEEN DESIGNATED as **Mental Health Awareness Month** in the U.S. During the month, the DFW Hospital Council (DFWHC) Foundation thanked hospitals and partners for supporting the “**10,000 Lives Program**” for North Texas.

In 2017, the DFWHC Foundation led the **Community Health Collaborative (CHC)** in announcing a commitment to train 10,000 people over three years in **Mental Health First Aid (MHFA)**. The CHC-MHFA committee is working towards this goal through a partnership of 40-plus organizations including health systems, mental health authorities, community-based organizations, the Texas Health and Human Services Commission and schools.

Under the leadership of the CHC-MHFA committee chairs **Lisa Boone-Reddick** (MHMR Tarrant County) and **Sherry Cusumano** (Medical City Healthcare), the committee has trained nearly 9,000 North Texans and are hopeful to fulfill this commitment by the end of 2020.

Mental Health First Aid is a public education program that introduces participants to warning signs of mental illnesses. The 8-hour course uses role-playing and



simulations to demonstrate how to offer initial help in a crisis and connect persons to the appropriate care.

“Like CPR, Mental Health First Aid prepares people to interact with a person in crisis,” said **Dr. Sushma Sharma**, director of population health at the DFWHC Foundation. “These ‘First Aiders’ do not take on the role of professionals such as providing a diagnosis. Instead, the program offers them important tools to answer key questions, such as ‘what do I do?’ and ‘where can I find help?’”

For information, please contact Dr. Sharma at ssharma@dfwhcfoundation.org. ■

Virtual NAMI Walk raises mental health awareness



NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

North Texas hosted its annual walk virtually on May 30 to raise awareness on mental health disparities in the community. Themed “**A National Day of Hope**,” there

were a total of 33 NAMI walks taking place virtually across the country through live streaming.

According to **Dr. Sushma Sharma**, director of population health at the DFW Hospital Council Foundation, NAMI North Texas is an active member of the DFWHC Foundation’s Behavioral Health Initiative and Mental Health First Aid committee-led 10,000 Lives program.

“NAMI’s efforts successfully addressed the stigma of mental illness, breaking down barriers to treatment and recovery,” said Dr. Sharma. “NAMI’s education programs serve as a beacon of hope for thousands of families.”

Dr. Sharma and her son Vishi (pictured) participated in the NAMI walk in their neighborhood.

NAMI is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. ■

In-person **Employee of the Year Luncheon** cancelled, virtual recognition planned instead



AS THE NORTH TEXAS HEALTHCARE COMMUNITY continues to monitor the COVID-19 situation, it was announced in June that the DFW Hospital Council Foundation's (DFWHC) **Employee of the Year Luncheon**, originally scheduled for September 16, will be cancelled. In place of the Luncheon, nominees and winners will be celebrated during a virtual presentation to be released **September 21**.

Nominations will remain open until Friday, **August 7**. The DFWHC Foundation also added the new category "COVID-19 Heroes." This specific category will honor all nominees online and will remain open to all submissions through **January 31, 2020**.

"Everyone is a winner in this new category," said **Jennifer Miff**, president of the DFWHC Foundation. "Through the remainder of the year, separate from

our virtual Employee of the Year program, we want to celebrate those who engaged in extraordinary efforts during this health crisis. This category is open to all hospital team members including clinicians, administrative/leadership and other support staff."

Sponsorships for the Employee of the Year virtual program have been revamped and are still available.

New sponsorships can be found at https://dfwhcfoundation.org/wp-content/uploads/2020/07/EOYVIRTUALSPONSORSHIPS2020_2.pdf.

For event information, please go to <https://dfwhcfoundation.org/about/events/employee-of-the-year/>.

To nominate a "COVID-19 Hero," you can go to https://www.surveymonkey.com/r/DFWHC_covid19hero.

For information, contact eoy@dfwhcfoundation.org. ■



We've gone
Virtual!

13TH Annual
Patient Safety Summit

SEPTEMBER 10, 17, 24
& OCTOBER 1



2020

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MEAGAN JOHNSON
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COVID-19 Heroes

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Danny Davila

Director, FCRA Regulatory Risk & Consumer Compliance Advisor
GroupOne Background Screening

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<https://www.linkedin.com/pub/danilio-davila-lpi/1/7b9/962>

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How is background screening changing?

UNDOUBTEDLY, THE LAST FOUR MONTHS have presented difficulties for talent acquisition leaders. Tasks, at one time viewed as routine, have become increasingly complex due to the closure of source providers.

The instability of county court records across the U.S. has created a logjam for background reporting agencies. In some cases, data warehouses are selling data that has not been carefully scrubbed. The importance of quality assurance is more important than ever before. In addition, the issuance of conviction and final court dispositions have been delayed, thus prolonging the documentation.

We are now adjusting processes to help speed up onboarding. There's recent attempts to inspire candidates to be "self-sufficient," though this too is increasing time delays. Incomplete applications needed to proceed with processing now requires additional time. Indeed, there's almost a sense of nostalgia for the days when we could "hand hold" candidates.

The verification of employment history is changing due to the sudden closure of businesses and the oftentimes complete lack of contingent sources. These sudden closures result in the absence of human resources or administrators to validate dates and titles. Just recently, a large laboratory with medical technologist and analysts closed unexpectedly with no warning. These individuals will be facing challenges when having their employment validated.

Schools are now adjusting how they report information. The administrative staff are working remotely, with little access to large volumes of information. Today, schools have other priorities and confirming education likely is the last thing on their minds with fall approaching.

So, what do we do? Well, we adapt, adjust and ensure that we continuously research our sources. We communicate extensively and continue to be the primary source for background screening questions. During these trying times, there is no magic formula. The effort to obtain reliable and accurate background reports will still depend on investigation, resourcing and adhering to laws that govern our industry. We are here for our clients and we will continue to serve during these difficult times. ■



GroupOne Services

Created by a board of hospital CEOs in 1989, GroupOne was the nation's first healthcare pre-employment screening program. Today, GroupOne provides convenient web-based solutions, automated employment verification and student background checks. It has grown into one of the most dependable human resource partners in the healthcare community.

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10 Things to Know About Drug Testing

WEBINAR

GroupOne
BACKGROUND SCREENING

i3screen™



w/ **Dr. Janelle A. Jaworski**

Medical Review Officer, i3screen

& **John Gumina**

VP Business Development, i3screen

w/GroupOne co-hosts

David Graves & Kaitlyn Ellis

GP1 webinar “10 Things to Know About Drug Screening” posted online

THE GROUPONE BACKGROUND SCREENING AND I3SCREEN WEBINAR “10 Things to Know About Drug Screening” originally broadcast on June 10 has been posted online. The complimentary event detailed best practices for drug testing including recommendations during the COVID-19 pandemic.

Keynote speakers include **Dr. Janelle Jaworski**, medical review officer at i3screen, and **John Gumina**, vice president of business development at i3screen. GroupOne’s HR Guru **David Graves** and Marketing

Coordinator **Kaitlyn Ellis** served as co-hosts.

i3screen was created by the industry leaders that designed the first point-of-care medical device and screening network. With over 300 years’ combined industry experience and knowledge, their team has been on the edge of screening innovation since 2008.

You can view the webinar at <https://www.youtube.com/watch?v=pDb8V3wPqEc&feature=youtu.be>.

For information, please contact **Kaitlyn Ellis** at 972-719-4208 or kellis@gp1.com. ■



GroupOne's "VLOG" series marches through the pandemic

STILL WORKING FROM HOME due to the COVID-19 pandemic, GroupOne Background Screening Sales Associate and HR Guru **David Graves** has been posting videos with dedicated consistency throughout the summer. From tips on "International Screening" to "ATS Integration," David has been covering all the HR bases with a total of 10 postings to date!

The "VLOG" series was created by Graves, and he expects to post throughout the year detailing the advantages of GroupOne's services when providing background, pre-employment, student and drug screenings. You can view the videos at https://www.youtube.com/channel/UCktLakdK_mQI5NapciiMzZA.

"Our VLOGs are just a new and creative way to communicate with clients," said Graves. "Since the GroupOne staff is now working safely from home, we thought it might be a good opportunity to provide information in an informal way and perhaps just say 'hello' to our partners. These are difficult times and I wanted to let our clients know we are still there working for them."

Graves and GroupOne Marketing Associate **Kaitlyn Ellis** are planning future episodes of the video series for the remainder of the year to highlight multiple topics. For information, email David at dgraves@gp1.com. ■



The Science behind wearing a MASK

AS STATES REOPEN FROM STAY-AT-HOME ORDERS, many, including Texas, are now requiring people to wear face coverings in public spaces to reduce the spread of COVID-19.

The **Centers for Disease Control and Prevention (CDC)** now recommends cloth masks for the general public. Today, health experts say the evidence is clear that masks can help prevent the spread of COVID-19 and that the more people wearing masks, the better.

There are several strands of evidence supporting the efficacy of masks. One category comes from laboratory studies of respiratory droplets and the ability of masks to block them. An experiment using high-speed video found that hundreds of droplets ranging from 20 to 500 micrometers were generated when saying a simple phrase, but that nearly all these droplets were blocked when the mouth was covered by a cloth.

But the strongest evidence in favor of masks come from studies of real-world scenarios. A recent study published in *Health Affairs* compared the COVID-19 growth rate before and after mask mandates in 15 states. It found that mask mandates led to a slowdown in daily COVID-19 growth rate, which became more apparent over time. The first five days after a mandate, the daily growth rate slowed by 0.9 percentage-points compared to the five days prior to the mandate; at three weeks, the daily growth rate had slowed by 2 percentage-points.

Another study looked at COVID-19 deaths across 198 countries and found that those with government policies favoring mask-wearing had lower death rates. Researchers believe that 80 percent of the population wearing masks would do more to reduce spread than a strict lockdown.

A forecast from the **Institute of Health Metrics and Evaluation** suggests that 33,000 deaths could be avoided by October if 95% of the population wore masks.

Studies have also compared various mask materials, but for the public, the most important consideration may



be comfort. Surgical masks are generally more protective than cloth masks, and some people find them lighter and more comfortable to wear. The bottom line is that any mask that covers the nose and mouth will be of benefit during the pandemic.

“The concept is risk reduction rather than absolute prevention,” said UC San Francisco infectious disease specialist **Dr. Peter Chin-Hong**. “You don’t throw up your hands if you think a mask is not 100 percent effective. Nobody’s taking a cholesterol medicine because they’re going to prevent a heart attack 100 percent of the time, but you’re reducing your risk substantially.”

According to Dr. Chin-Hong, the most important of the “Three W’s” to ward off COVID-19 – wearing a mask, washing your hands and watching your distance – is wearing a mask. ■



To return or not to return to work?

AS TEXAS AND THE U.S. EMERGE from its COVID-19 lockdown, many people who have been working from home are being called back to the office. As of June, offices in Texas are allowed to reopen as long as they implement minimum standard health protocols outlined by Texas Department of State Health Services.

Some employees will indeed balk due to health concerns, with their bosses potentially cutting hours or putting them on a leave of absence. The question we've heard at GroupOne Background Screening is, "Are employers are legally allowed to do this?"

Simply put, yes, and it might also be legal to fire an employee if they refuse to return. As usual, there are caveats galore. We've put together a list of common questions as we adjust to our society's "new normal."

What if employees are concerned?

If you are requiring employees to return to the office and they are worried about the possibility of catching COVID-19, provide a list of the safety measures you are implementing – and you had better implement quite a few! Include detailed descriptions of the precautions in place, the protective equipment in place, what sanitary activities are expected, the social distancing required and how employee contact will be limited.

What if employees complain about precautions?

The most important step is to communicate with your staff. Have regular meetings so employees can voice their concerns. Employees have a right under the federal labor law to engage in concerted activity for mutual aid and protection. If employees request improvements and the employer refuses, they would be protected under the labor law if they refuse to return to the office.

What if an employee has a health condition?

If an employee's health condition is categorized as a disability under the Americans With Disabilities Act, you must provide a reasonable accommodation — that is, changes in hours, rules or other workplace conditions that enable the employee to fulfill their job functions as long as they don't present an undue hardship to the business. Sometimes, the simplest and most effective accommodation is to allow them to continue to work from home.

What about older workers?

The Age Discrimination in Employment Act protects workers older than 40 from discrimination; for example, employers can't block them from returning to the workplace because of their age. But employers are not required to make special accommodations for them due to COVID-19.

What about employees caring for family members with COVID-19 or a child whose school is closed?

Flexibility and common sense are important here, though employees might be eligible for paid family leave benefits through the state or under the federal Families First Coronavirus Act.

During these trying times, resilience, patience and communication will always be key when working through the many issues your company may face. For questions, please do not hesitate to contact us at GroupOne. ■

The information and opinions expressed in this blog are for educational purposes only and are based on current practice, industry related knowledge and business expertise. The information provided shall not be construed as legal advice, express or implied.

To our Healthcare Heroes

Thank you



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