**MDI Ad-hoc meeting 3.10.20**

Topic: COVID-19

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| **Topic** | **Notes** |
| NatCon20 | * It still happening, unless Austin’s Public Health Department says otherwise.
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| Large Health System/Inpatient Perspective: | * Restrictions on travel: total lockdown for business travel. Any personal travel from hot zone have 14 days of PTO.
* Restricting visitors to acute care hospitals: one visitor per patient. The visitor gets screened for temperature.
* Social distancing: No in-person meetings for more than 10 people.
* Haven't screened outpatients yet.
* Please see Hartford HealthCare attachment.
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| Primary Care Perspective: | * Considerations for relaxing requirements of face-to-face .
* Some are easing the telemedicine requirements.
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| Community Behavioral Health Perspective: | * Pulled together COVID-19 workgroup and taking sensible precautions.
* Talking to direct service staff and giving managers info to prepare them for questions.
* Looking ahead to make plans to do as much virtually as possible. IT staff has arranged to have more online server time, order more laptops and train people on how to work from home.
* Looking into HIPPA considerations for providing more services from home.
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| City Officials Perspective: | * Have guidelines to reduce spread and address anxiety.
* The county is working with the public health department to streamline messaging around recommending the same type of preparation you would make for any other disaster.
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| Policy considerations discussion: | * Loosen pharmacy restrictions on refills to allow for a 90-day supply.
* Broaden telehealth availability and limit effects of Ryan Haight Act.
* Broaden telehealth to include telephone consultation as well as video for first patient appointment.
* Address Asian bias and stigma.
* Strengthen public messaging that cell phones are vectors and should be washed as regularly as hands.
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| Experiences of COVID-19 as a stressor discussion: | * People are calling in anxious about having medication supply run out of they're quarantined.
* From a population health standpoint, we are dialing up anxiety in the community while limiting access to services.
* WHO released information on [Mental Health Considerations during COVID-19 Outbreak](https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf).
* CDC has information on [Mental Health and Coping During COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html).
* Staff have anxiety - calling in if they have any cold symptoms so we're short staffed. Need to address that within own orgs.
* Stigma against people of Asian descent. CDC has [fact sheet](https://www.cdc.gov/coronavirus/2019-ncov/about/share-facts.html) that addresses this.
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| **Notifying Public Health Departments:** | * Make them aware of residential services, DAS, crisis center, homeless shelter, and other people in the community that can be affected.
* PH departments have been majorly focused on nursing homes, hospitals, and schools.
* Please advise all medical directors to call the local health departments to make themselves known for emergency planning purposes awareness of single point contact for their agencies.
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