Overview

HASC has helped to lead a coordinated response for the region as multiple hospitals and organizations act together in response to the impact COVID-19 is currently having and could have on our hospitals when and if anticipated waves of infection occur.

Our advocacy team, issue managers, subsidiaries and communications teams are playing a lead role across the six counties and are in almost continual contact with local public health departments, county EMS agencies, local elected officials, Medicaid managed care plans and community stakeholders.


1. Public Health/EMS

As it relates to engagement with public health and EMS: There are regular calls in place with public health officers and EMS in each HASC county. HASC, along with our member hospitals are working closely with these groups to ensure there are open lines of communication in the hopes of identifying challenges and working collaboratively towards solutions. Discussion topics on these calls have included the transfer of SNF and homeless patients, appropriate messaging around the use of emergency departments, aligning surge models, testing protocols, alternate care sites, data alignment and benchmarks that will support transitioning toward “normal” operations.

2. Staffing

To support staffing efforts of hospitals, HASC’s Priority Workforce Job Portal has been deployed to serve as a central directory where member hospitals and local SNFs can post and fill high-demand positions. A social media and email campaign is drawing the attention of job seekers interested in filling these critical positions. The portal can be found at [www.hasc.org/priority-workforce-job-portal](http://www.hasc.org/priority-workforce-job-portal).

To inform hospitals of emergency child care resources and providers available in their communities, HASC has hosted calls with each county’s child care resource centers or local planning council to share information with member hospitals about local child care resources available to essential health care workers. As an added resource, HASC has assembled a webpage that identifies child care contacts in each county here: [www.hasc.org/emergency-child-care-essential-workers](http://www.hasc.org/emergency-child-care-essential-workers).
Staffing continued
A total of $50 million in state disaster funding was allocated to the California Department of Education for child care, which has been allocated to counties through their regional Resource and Referral Network or their Local Planning Council. The funding is intended to support child care options that best meet the needs of the family, which include licensed child care centers, licensed family child care and in some cases, child care provided by family, friends, or neighbors. While vouchers will be limited, all interested parties are encouraged to apply so that each region can gather accurate information about the ongoing need, which will help advocacy efforts for more funding.

3. Personal Protective Equipment (PPE)
To assist in the efforts to identify PPE, HASC is working with CHA, state and county EMS, and Los Angeles city contacts, to identify commercial vendors and donors of PPE and medical items for sites where supplies are low throughout the HASC region.

We are partnering with Logistics Victory Los Angeles (LoVLA), an initiative of the City of Los Angeles and the Port of Los Angeles, to increase the supply chain and match available medical supplies with health care providers at cost – not just in the City of Los Angeles, but throughout the HASC region. The LoVLA website (lovla.org) includes an opportunity for vendors to register the supplies that they have and hospitals and health care providers can register for supplies that they need.

4. Reimbursement/Cashflow
We realize that cashflow has been an issue for some members. As such, at the local level, HASC is coordinating efforts with CHA to provide some financial relief for hospitals through three objectives:

- Provide hospitals with an option for alternative financing,
- Expedite the processing of incurred claims and reduce the amount of accounts receivables, and
- Relax preauthorization requirements and other claims edits to increase claims throughput.

Furthermore, we have also begun to explore their willingness and ability to provide hospitals with utilization data to support lost revenue claims for the purpose of accessing the Public Health and Social Services Emergency Fund.

HASC held discussions with L.A. Care, CalOptima and IEHP regarding potential solutions to improve cashflow for hospitals. In May, L.A. Care announced that they will provide up to $85 million in accelerated claims payments to hospitals, and more than $21 million in advanced incentive payments to individual
Reimbursement/Cashflow continued
primary care physicians and FQHC clinics. Similarly, IEHP is providing contracted hospitals with more than $90 million in alternative funding through capitation payments to assist hospitals with their cashflow needs.

In addition to asking for advanced payments, HASC is working with the hospitals in the region to reduce outstanding claims exceeding 30 days to address the claims receivables issue.

5. Alternate Care Sites (ACS)
The experience related to alternate care sites varies by county. Some counties are better coordinated and positioned regarding alternate care sites than others. We have worked with our member hospitals and key stakeholders across the region in a variety of ways related to identifying and creating excess capacity outside the four walls of our hospitals.

HASC member hospitals moved rapidly to expand their capacity by 40 to 50 percent, to meet the larger surge scenarios. Our regional vice presidents, issue managers, subsidiaries and communications team are playing a lead role across the six counties and are in almost continual contact with local public health departments, county EMS agencies and local elected officials.

Hospitals in Ventura and Santa Barbara counties are working closely with public health officials and EMS staff to ensure safe transport of long-term care patients to and from the hospital. Safe and timely discharging of non-acute patients continues to require the collaborative efforts of a broad coalition. Furthermore, hospitals in Santa Barbara County expanded their capacity by 65 percent.

It should be noted that our National Health Foundation’s (NHF) recuperative care sites remain open. The NHF intake team has simplified the patient referral process so it can receive a new patient within a matter of hours. In addition, NHF is now offering free transportation from the hospital to its facilities.

6. Communications
HASC in collaboration with CHA and the regional associations developed public-facing messaging and a social media toolkit to assist member hospitals and health systems, including their communication teams, in responding to patients’ concerns about seeking care in emergency departments or other appropriate care settings during the COVID-19 pandemic. The goal of the social media campaign is to emphasize to the general public that hospital emergency departments are safe and prepared to handle emergencies — COVID-19 and non-COVID-19 related.
7. Resuming Deferred and Preventive Health Care

On April 27, CDPH released “Resuming California’s Deferred and Preventive Health Care,” a document intended to address, “as soon as practicable,” the broad deferral of many health care services that was needed in response to the anticipated surge of COVID-19 patients. In each county, HASC has offered to help lead a collaborative approach in the effort – utilizing collective wisdom to address concerns regarding pre-operative COVID-19 testing of patients and staff, use of PPE and ventilators, and planning a de-escalation of services in the event of a surge, among other things.

8. Sharing Best Practices

As we look at what the “new normal” may be, HASC is documenting the challenges that are being encountered during this pandemic and is taking an inventory of some of the “lessons learned” to help in the future mitigation of similar issues, should another pandemic occur. We will be working closely with the broader health care community to develop a comprehensive playbook to proactively address existing concerns in the event of other crises – or an eventual resurgence of COVID-19 as state and federal guidance on stay-at-home orders are lifted. We recognize that our post-COVID-19 state of operations may look vastly different and we would like to equip our members and partners with information to adequately prepare for an inevitable global health crisis in the future.

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