



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Thursday, April 30, 2020

Transcribed from a previously recorded live event.

Midland Health's portion selected out of the Unified Command Team update.

Mr. Meyers: Good morning. I am Russell Meyers, CEO of Midland Health and this is the Unified Command Team briefing on the Coronavirus situation for Thursday, April 30th, 2020. Beginning with some numbers: the number of confirmed cases across the state of Texas has now crossed 27,000 cases. There are 732 deaths reported in the state. In Midland we have 74 confirmed cases and there have been 6 deaths to date. In our testing center, the hospital's testing has actually begun to wind down. We are hopeful as we begin to open up the state's economy that that will continue, but the last couple of days we've been at about 60% of our average volume and continuing to see some slight declines in testing, so hopefully that's a good sign. So far, we've conducted tests on over 1,600 folks. We are awaiting the results on 63 of those cases. The majority of those just from the last 2 days. So, the testing situation has improved dramatically. While we are on the testing subject, this hospital does now have a fairly substantial supply of test kits to run on our own machine that has a shorter turn around than our send outs. We are continuing to reserve those tests for hospital inpatients, for employees who may be exposed, for other uses that are specific to our care of the patients we are responsible for. As we get a greater supply, we will consider whether we can do some of the broader testing with our own instrument, but as of now we are very happy to have at least a few tests in house and available for short turn around testing. Census in the hospital today, 126 patients total. We have 11 in critical care. The PUIs or COVID positive patients total only 6 this morning, 3 in critical care, 3 on our medical surgical unit. 4 of those 6 are positive, known positives for COVID-19.

We talked a little bit yesterday; I'll give a further update on our screening program that is beginning to roll out for homeless folks and other economically disadvantaged people. Earlier this week, Dr. Dario Beltran spent an evening at the Breaking Bread Soup Kitchen, screened about 60 people, didn't find any among those 60 who needed testing, but passed out a good bit of information, answered questions, and touched a population that we probably haven't reached to a great extent so far. Next week, Dr. Zach Castle will go to the food bank and during a distribution there do the same thing, screen people, pass out information, schedule anyone for testing who appears to have symptoms and qualify for testing. These 2 physicians and others have volunteered to do these screenings. We'll do them sporadically at both locations over the next couple of weeks to see if we are meeting that need. And I have great respect and thanks for those two guys for stepping up and doing this important work.

That's all the remarks that I have prepared for this morning. I'll be happy to take questions and then I'd like to call on Dr. Wilson to make a couple remarks following me. Questions?

Tasa (PR with Midland Health): We have a Facebook question. Is antibody test that Midland is using, is it FDA approved, and do you have any idea on how accurate the results are?

Mr. Meyers: Since Dr. Wilson is about to come up, I'll just save that question and let him answer it. Any others for me? And I'll ask Larry to come back and deal with that one.

Erin (Moderator): I don't have any media questions.

Mr. Meyers: Ok. Any others for me, Tasa? Ok, Dr. Wilson-



Tasa: Dr. Wilson, I'll repeat the question for you. Is the antibody test that Midland is using is it FDA approved, and do you have any data on how accurate the results are?

Dr. Larry Wilson (Vice President, Medical Affairs Midland Health): Yes, so the test that Midland Health is using is a test that has been vetted by the FDA through the EUA process which is basically an Emergency Use Authorization process. So, it hasn't had the full vetting of the FDA that we'd have under normal circumstances, but under the circumstances of the pandemic it has been authorized. And there's a handful of other tests I think we've mentioned this before and Russell I think mentioned it yesterday or the day before that there's maybe 6 or so that have the same level of FDA EUA approval and there's probably about 70 or 80 others that don't. So, you have to be a little thoughtful about that. This particular test that we have is a qualitative test meaning that it doesn't measure the amount of the antibody that's in the blood stream, but it tells you yes you have the antibody or no you don't have the antibody. And that's solely what it tells you. It measures specifically an IgG antibody which is one that is a later developing antibody that in other circumstances has been shown to measure a degree of immunity to the virus, but those studies have not been done yet. So, we don't know whether it really shows immunity to the virus or just an immune response to the virus. But it does show that in about a 95% sensitivity and specificity. So, given that I would say that 95% of the time it will give you an accurate result on testing from what the company tells us. Alright.

I want to spend a moment before any other questions if there are any other questions just speaking a little bit about the latest hot topic which is Remdesivir that came out yesterday with Dr. Fauci speaking about it. And I think like many people that are listening now and around the country we've grown to have a lot of appreciation for Dr. Fauci and his authoritative perspective and his knowledge. When I was in medical school, he was doing HIV work and you know for I think 30 or 40 years now he's been the hot shot guy in that arena at NIH and so we have a tremendous amount of respect for him. This study was done by his lab and under his authority. It's also sponsored by Gilead, which is the company that makes the drug, so despite the somewhat promising results I think you have to keep those things in mind. There's going to be some enthusiasm, some interest, and potentially some bias that comes into play under those circumstances. The information that he released he did so before the study has been peer reviewed nor has it been replicated by any other labs which both are really fundamental pieces of making sure that something that is being reported is truly the results that you would expect. And having said those things, the results are very promising. There's a 30% reduction in length of stay in the hospital or time to recovery for the patients that has been given it. It's been like 1,000 patients or so that have been given it which is a really big number and that's very favorable information. Having said that also temper that with it's only been utilized in patients that are hospitalized. It's only an IV drug. It's not a pill. It can't be given to a patient with early symptoms. And there hasn't been a really significant recognition of a reduction in mortality which is a significant end point that you have to take in consideration as well. So, it didn't hit the ball out of the park if you'd like to use that metaphor. But it's definitely a step in the right direction. It does have some theoretical benefit in that it blocks the replication of the virus as well. So, I didn't want to give it a complete negativity kind of perspective. I'm very favorable for it. I'm look forward to it being available. It's still in the early phases of manufacturing by Gilead. It's not widely available. I don't believe we have any in our hospital at this time. And when we do or if we do get it in the near future or in the future it will be available only in IV form and only to patients that are in the hospital. So, having said those things I'll entertain any questions.

Erin (Moderator): The first question from the media we have is how many Medical Lodge residents are in critical care at the hospital?



Dr. Wilson: There's 1 in critical care.

Tasa: What are your thoughts on opening up tomorrow?

Dr. Wilson: I think it's the right move. I think that we've moved in a measured thoughtful way. You've heard me say this before and I'll continue to say it. If we do this wisely, maintain social distancing, use masks to help promote social distancing. You know the mask does not prevent you from being exposed to the virus as we've said but does increase the distance you have from another person. So, if you are in a store and you're passing one another in the aisle and you're closer than 6 feet to one another the mask will blunt your water droplets and your breath from getting towards other people. So, there's definite benefit to using the mask. Washing your hands frequently, using antiseptic cleanser on your hands after touching surfaces or before going into and after leaving stores. If we do all those things, we can start getting closer together, start doing more things, have activity in the economy in a safe manner. I think we can really move that way. It's the new normal. I think everybody's going to have a different attitude next flu season even if we don't have the coronavirus to deal with because we recognize that this is a way we can blunt, dampen, flatten the curve, decrease transmission of any airborne viruses and diseases.

Tasa: How long will you be screening people going into the doors specifically at the West Campus?

Dr. Wilson: We had a conversation about this yesterday. And this is really more of a Russell question perhaps, but I'd say that I'd personally like to see us stay measured, stay careful. We are opening up things. We are doing more procedures. We are going to stay careful about it, but we intend to open things up as we make sure that the initial steps, we've taken haven't had any kind of an adverse effect.

Tasa: Speaking of the antibody testing is that open to everyone or does it require a physician order?

Dr. Wilson: We have access at both the West Campus and the Main Campus to what's called direct access. These tests fall into that category. So, anybody who would like to have that done can show up and it's a \$50 cost and have the test performed. It's important to call and make an appointment at both of those sites to be seen. I don't have the numbers in front of me. Maybe Russell can provide those.

Mr. Meyers: I can. So, those are available to anybody who wants to be tested for the antibody. The number to call at the Main Campus is 221-2911. At the West Campus it's 221-3010. And an appointment is required. And when you come to either of those campuses you'll be screened upon your entry to the building. And so, you'll need to tell them that you have an appointment for an antibody test as you come in. Ok, any further questions?

Tasa: We do have a few more from Facebook. Does the regular flu shot help with COVID?

Mr. Meyers: I think I can easily say no, it doesn't. It's targeting a specific virus that's not the COVID-19 virus. It's still a great idea. Nobody wants to get the flu any more than we want to get COVID-19, but it does not directly impact the COVID-19 virus.

Tasa: And is it true that hand sanitizer does not work as well as hand soap?

Mr. Meyers: Dr. Wilson says that is true. Hand sanitizer has to be at least 60% alcohol to work at all. But the gold standard is still a 20 second soap and water scrub.

Erin (Moderator): Ok, here's one from the media. Do you think Midland leaders are doing enough to promote social distancing and face coverings?



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Mr. Meyers: I do. I think Midland leaders, myself, and Dr. Wilson, and the mayor, and just about anybody who's been on this stage throughout has encouraged and cajoled and done everything we can to encourage people to socially distance, to practice good hygiene, to wear a mask. Short of a mandate that would require some sort of law enforcement effort to force people to do it I'm not sure what more we can do. We do, in this community, across this state we have a bias to personal freedom, I think. And we've tried to respect that while encouraging people to wear a mask and social distance out of care for their neighbors, for their brothers and sisters. We'll continue to do that. I think we've done a pretty decent job. It's clearly not worked in all circumstances. And so, we can't let down our guard. We need to continue to encourage people. I still see people without masks on occasion and I think that we can continue to reinforce that, but I think we've probably done about as much as we can to get that message out.

Erin (Moderator): Thank you Russell.

Mr. Meyers: Thank you.