



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Wednesday, April 8, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning everyone. I am Russell Meyers, CEO of Midland Health. This is our Coronavirus update for Wednesday, April 8<sup>th</sup>, 2020. This is Passover day. To begin with our numbers in Texas we have over 8,200 confirmed cases now 30 of those in Midland County. 152 deaths counted so far in Texas and still only 1 in Midland County. Testing numbers from our testing site here at the hospital over 600 patients tested now, 619 total. 25 of those positive, but that represents only 23 patients. There were a couple of patients who were tested twice. So, 23 patients positive through the hospital's testing site, over 500 negatives, and just over 90 tests from the past couple of days that are awaiting results. As I've mentioned a couple of times our long-term delays in testing results have been resolved. In the hospital the census today is 124 patients only 78 patients seen in our ED yesterday. That's the lowest number I've reported since we've been having these press briefings. In the hospital's critical care unit, we have a total of 16 patients today. In the PUIs category we have 3 patients in critical care. One of those is confirmed positive. We have 9 patients in med surg units. 3 of those are positive. So, we have a total of 12 PUIs, 4 of whom are confirmed positives as of now. Throughout the hospital we have a total of 5 ventilators in use. Two of those are in use on PUIs.

I'd like to offer today a thanks and a shout out to our team that's running the testing at the testing site run by Johnny Flitton who's been with us for a long time, a very busy and versatile physician's assistant who's worked in a number of different areas including with our local fire and EMS service on the community paramedic program. Johnny's task these days is running the testing site. He's don't a tremendous job with the team out there getting the site up and running on very short notice. Testing patients in large numbers every weekday, very efficiently and really at the very front lines of our management of this crisis. Testing people who are who are suspect, who have symptoms, who are just beginning their journey in treatment of this difficult disease. So, thanks to Johnny and the team at our testing site. Well done. We are very proud of the work that you've done.

Overall, things are in a fairly stable condition right now. Here we are continuing to see new results every day. The majority of them are negative, but we have a few positives that have come through recently. But our facilities are in good shape. We have ample capacity remaining. We are in the early stages of building a longer-term plan for expansion of capability both in critical care and in medical surgical isolated units. Our team has done a very good job of putting together the beginnings of a plan. We are monitoring the models every day. And I can tell you that the modeling that's available from 4 or 5 different entities with regard to the expected progression of the disease represents a wide range of possibilities. You see quotations of peaks coming between now and the end of this month. There are peak projections that go as far out as August. So, we are in sort of continuous review of those projections trying to assess what makes the most sense for us, how we best plan for our long-term future.

We are also spending a good bit of time talking about financial concerns now. That's not been our first priority throughout this project. It's really been a priority to care for the community, to care for our people first, to assure that we continue to be strong, and our services available. But as we finish March and move into April, we certainly have seen a meaningful financial impact. We've done some analysis



both of the March results and projections for April and the months beyond. There's a lot of unknown still about what the financial impact of this crisis will be on the hospital. And over the next few days we'll be putting plans together to best understand what we are facing and what we should potentially do about it. Among the biggest unknowns are the value and the speed of the (audio cut)- funding support coming. We don't know how much. We don't know when. And what we find out in the next few days will be really important as we plan for the hospital's financial survival through this difficult period. In the month of March, we've seen revenue reductions in the 15% ballpark. We lost about \$1,000,000 of collections over our typical pattern just for the month of March. So, we do have challenging times ahead. And we are actively working to determine what we want to do about those challenges in the days ahead. Probably the most important thing that we know right now, is that we have Medicare payment acceleration coming, 6 months' worth of Medicare payments that will be made in advance. That will have to be paid back in the long term but will certainly help with cash flow needs. And we expect those monies to come in probably in the next week or so. So, we are working actively to understand that well and then to move on to determining what else is available to us in the future.

So, that is I believe most of what I have to offer today. And I'll stop at this point and take questions.

Question: (not heard)

Mr. Meyers: The question is about our plans for restarting elective procedures. And I can tell you that as of today those are unknown. We are still in the national stand down or shelter in place period. We are going to continue that through the end of April. We are beginning to think about what the re-activation of elective procedures looks like. We certainly know we have a backlog of procedures to be done. We can't do them all at once. But in all likelihood, that's not going to be actively considered before the end of this month. For those patients who have concerns about cases that need to be done urgently this is not a shut down of all procedures. There is a process whereby our surgeons and anesthesia providers get together and talk about cases that need to be done urgently to avoid a loss of life, a loss of function, to deal with advancing disease. So, the door isn't completely closed on cases that need to be done with some urgency. That's something that can be discussed day to day. I would encourage anyone who has a concern about a procedure you are waiting on like a biopsy, like a surgical procedure to remove a mass, you should be talking to your surgeon about what the options are for moving ahead with those procedures. Those are not necessarily deferred indefinitely depending on the needs of the patient, the option of the surgeon, and the anesthesia provider. So, I would encourage you to talk about that with your surgeon.

Looks like it's a quiet group today. I will tell you that we've- I should have introduced this. That we are in a makeshift studio we've set up inside the hospital in our public relations department. As we continue with our daily briefings, we will not be gathering the press in a single site in the interest of maximizing our social distancing commitment. The same will be true of the Unified Command Team briefings. Those will be handled in this fashion remotely by conference video and teleconference so that each of us that's participating will be in our own space minimizing social contact. And doing our best to advance the cause of limiting the disease and flattening the curve. Any more questions, Tasa?

Tasa Richardson (Public Relations Manager): We have a question from Sammi Steele. How was the financial meeting yesterday at the hospital? What is the plan in the upcoming months? When is the last time that you have experienced 15% revenue loss?

Mr. Meyers: Several questions there. The discussion that we began yesterday was essentially just between me and our CFO, talking about our preliminary projections on what the March close looks like, what April projects to be, and various scenarios for when we actually get back to work. The most important financial issue we have now is the lack of elective procedures. Most of the work we do that's urgent or emergent does not pay us very well, whether it's Medicare or Medicaid, patients who are uninsured, and even those with good insurance, dealing with long term medical care issues is high cost, but not very well paid. Where we make the money the drives the hospital engine is often in surgery, in endoscopy, in the heart institute and places where we have deferred elective care. So, we are going to continue to see revenue short falls as long as the elective procedures are off of the table. The question, when did we last see a 15% decline in net revenue from our expectations? Certainly not in my memory. That's an extraordinary number and April will probably be worse. We only had about a half a month of deferred elective cases in March. We are looking at a full month in April. On the good side, we came into this crisis in the best financial posture that the hospital's been in in several years. We have been accumulating cash very intentionally. We've reduced our debt load. Our expenses are under reasonable control. So, we were in a good place when we started this. Continuing to build cash reserves so that we're stronger for the long term. So, we are in a pretty good spot to ride this out for a bit. We are also very optimistic about the support coming both in accelerated Medicare payments and in the money that's available to us under the CARES act. That's a hundred million dollars across the country specifically to be provided to healthcare providers. The challenge we have with that is we don't how exactly it's going to be provided. We don't know what the rules will be and when the money will be forthcoming. While we've begun conversations, we will have more conversations today and into next week, beginning to include the members of our board's finance committee. But we won't really have a firm handle on what the plan looks like probably for a week or two at least as we watch and see what happens with the new federal payment programs. Tasa, did that get all the elements of that question.

Tasa: Yes sir.

Mr. Meyers: Ok, thanks.

Tasa: We have a question on Facebook. Do you have adequate PPE for all of your staff at this time?

Mr. Meyers: Do we have adequate PPE? The adjective adequate is certainly debatable. We have more PPE today than we've had throughout the crisis. We've had as I mentioned a couple of days ago, our materials management team has done a tremendous job of finding creative resources out there, nontraditional suppliers who have legitimate PPE to offer. We are paying more for it than we've ever paid, but we have accumulated a substantial quantity of all the aspects of PPE that are needed. Is it enough? That really depends on how big the crisis gets, how fast it moves, how many patients we have in the hospital at any one time. But, for today for the population that we are caring for today we have an adequate supply. That doesn't mean we can be cavalier about management of that supply. We everyday are talking to our patients and to our employees about what's the appropriate type of PPE to use in each setting. As you know, yesterday we began our campaign in line with the CDC's recommendations to encourage people to wear a cloth mask everywhere. That cloth mask is intended to protect those around you. It doesn't protect you from getting the virus, but if you are a carrier and you are asymptomatic and you cough or otherwise spew droplets into the air, if you are wearing a mask you are much less likely to infect someone else. So, wearing masks, cloth masks is now a recommendation for everybody in the hospital, everybody who comes into the hospital as a patient or

visitor, and that's the first level of PPE. As we move into environments where patient care is taking place where PUIs are being cared for or even those who are confirmed active, then we have much higher levels of more sophisticated PPE like N95 masks. And those are really only appropriate in those environments. So, we are trying to make sure that all of our people understand you will have the PPE that's necessary for the environment in which you work and there's no question about that. But we have to be careful that that equipment that is in the shortest supply which most days is the N95 mask is carefully preserved for as long as possible.

Tasa: We have another question on Facebook. How many respirators does our hospital have for our patients who need them?

Mr. Meyers: The question is about respirators but let me assume that it's about ventilators if I might. A respirator is an N95 mask. It's something that controls the flow of air into the wearer. A ventilator is the invasive piece of equipment that breathes for the patient or that supplements their breathing. If the question is really about ventilators, we have a total of 44 ventilators and we only have 5 of those in use as of today. Those are full service, very sophisticated ventilators. 44 available, 5 in use. In addition to that, we have another 37 on hand that have more limited use and are single use. They can't be cleaned and repurposed. Once you put them to work on a patient, you will use them for the duration of that patient's need, and then discard them. So, we have a total of 81 ventilators, 44 of them the most sophisticated kind. As of today, only 5 in use so an ample supply for now.

Tasa: We have a question from Stewart Doreen. What is your reaction to the furloughs at the Odessa hospital? Is it likely that MMH will have to go down the same road?

Mr. Meyers: The furloughs at the Medical Center. I'm not completely well informed about the extent of those, which employees are affected. I know that I can't speak to their decision making, but as we think about what's happening here, we have many of our staff who are very, very busy and working really hard and doing difficult work in many cases that they are not accustomed to doing. We have some other areas where people are not as busy because we've shut down elective procedures or we've limited the work we do. And for the most part, we've been able to take the staff members who typically work in those areas that are slow and to repurpose them for a wide variety of uses. The very important things that are keeping us strong and safe like sewing masks. We have people in our labor pool every day turning out as many as 500 masks a day. That's not what they are accustomed to doing, that's not what they went to school to learn to do, but they are pulling together and doing the work that we need in this moment. And we are doing our best to be sure that people can continue to be able to work. Are we seeing people whose hours are being reduced because there's not enough work in their department, who are being asked to take their paid time of instead of being here on the clock? Yes, in small numbers. Will we consider doing more of that and more intentionally? I think we'll have to the longer this goes on. But all of that is part of that financial planning that we talked about earlier. Our first priority is assuring that we have the resources in place and ready not only to take care of the patients we have today but those that we know that we will have tomorrow. This will end. We will go back to work in terms of doing more surgery every day, elective endoscopy procedures, and things that happen in the heart institute, and in interventional radiology, the echo lab, and all of the different places where we deliver thousands and thousands of procedures every year. We need our expert people to be ready to go when we can turn that switch back on. And so, we are going to be very, very thoughtful before we do anything that dramatically impacts our workforce.



Tasa: We have a few questions from Facebook. We'll start with, is this a virus that will show every year like the flu?

Mr. Meyers: Is this a virus that will show every year like the flu? I think we suspect that it will. There is no vaccine. There's work going on to create a vaccine which has been a huge help, it hasn't eliminated the flu, but it's helped us to manage the flu every year. We are hopeful that in what I've mostly heard is 12-18 months there could be a vaccine that would limit the impact of the virus. But I think we are all planning as if it's going to reappear every year. We'd love for that not to be the case, but we simply really don't know. This is the first year. We haven't been through a full cycle to see what happens as we come back into colder weather in the fall and winter. So, we'll have to see. We are trying to prepare as if it will come back.

Tasa: Another question from Facebook. Have you considered sending any excess ventilators to other harder hit areas that may need them?

Mr. Meyers: As of now, we've not been asked to send ventilators anywhere else and we've been very careful about managing our supply. I believe if we were asked, especially within the state of Texas that's something we would seriously consider. But as of today, we have not.

Tasa: Has Governor Abbott reached out to the Permian Basin as far as reaction to cases in our area?

Mr. Meyers: I haven't heard specifically from the governor. I think he certainly has communities across the state that are in much more difficult times than we are in Houston, and Dallas, and the bigger cities. They have many more cases and many bigger challenges to face. We have been really blessed here that our activity has not spiked as rapidly as in some of the bigger cities. There's no question in my mind that the governor is actively engaged. All of us in the state hear from him multiple times in the day. He's active on social media. He's made a number of executive orders that we are following including things like sheltering in place encouragement, limitation on numbers of visitors in the hospital, the essential elimination of elective procedures so there's no question he's actively engaged and well informed. But, specifically in the Permian Basin not so much. I think the bigger concerns about our region are really more economic and long lasting as we all face the economic challenges of the ultra-low oil prices and hoping that we can recover on the other side of this and go back to the energy independence that the Permian Basin has produced over many very positive production years.

Tasa: How would a person find out if they are a carrier of this virus and what are those systems?

Mr. Meyers: Well there's an opportunity for me to ask Dr. Wilson to come to the podium. The question is about how a person would find out if they are a carrier of the virus. Larry, do you want to take a shot at that?

Dr. Larry Wilson: Good morning. So, the virus is going to create antibodies if you are infected by it. And over time as you recover, you'll have antibodies in your system that can be detected. That's what you've been hearing a lot about recently about developing an antibody test. I believe there are some currently being tried and will be more widely available in the months to come. And then will be able to recognize essentially immunity. That's where you've heard about the convalescent serum that should be coming up in the future that's already being tested around the country also. That gives us some optimism that we are going to have some treatments that will be more effective. So, the answer is on a

couple of different levels. First, that there can be people that are asymptomatic and infected and shedding virus. And that's one of the big concerns that we all continue to have and why Russell and others are focusing on wearing masks in public. Because the social distancing is increased by wearing a mask. It prevents you from shedding virus on somebody else. There is probably as many as 20-25% of the people that are infected with this virus that will never develop any symptoms whatsoever. And they will carry out through their illness shedding the virus during a period of the time and never have any symptoms whatsoever. Over 50% of the people may be shedding virus for a day or 2 days prior to ever showing any signs and symptoms. So, those are the populations that we share the most concern about. Ultimately if you've been exposed, you recover, and you've been released from quarantine, you are released from the hospital, whatever the circumstance is at that point you would be considered immune and the best way to be able to determine that will be when we have the ability to do that antibody testing.

Mr. Meyers: Thank you, Dr. Wilson.

Tasa: We have 2 questions on Facebook that are related to: When do we predict that Midland and Odessa will peak?

Mr. Meyers: Well the question about peaking as I said earlier it really depends on which model you use. There are a number of different models out there. We have been monitoring several of them. We've seen peak predictions from anywhere between late April to August and we don't know. That is really the fundamental answer. We are watching all of the models. They change from day to day as the experience gets greater and more data input is available from other areas that are farther down the curve than we are. We are trying to remain prepared for the full range of possibilities including preparing plans for significant expansion of critical care capacity, further isolation in our medical surgical units. You all may know we have a project to build out the 9<sup>th</sup> floor of the Scharbauer Tower, the only remaining shelled space. That project is moving forward, and we are in fact working with the contractor to see if we can make it move faster so that our new capacity can come online sooner. So, we are doing everything that we can, that we have the capability of doing to assume the worst, that this goes on for longer, that it has a higher peak, and then we are actively promoting things like social distancing and wearing masks to assure that that curve is flattened, that fewer people get sick, they get sick over a longer period of time if they're going to, and that we don't tax our resources in the worst case where we might otherwise. So, we don't know. That's the short answer. We are all watching it just like the rest of the world is.

Tasa: We have some people that have joined us from Colorado. And it appears they are giving us kudos for these live updates. But they are just asking if we are aware if other major hospitals throughout other states are doing similar things?

Mr. Meyers: You know, we are not. I'm not. Perhaps our PR staff might be, but we are sort of focused on our own concerns right now. And I'd love to have time to be out there cruising Facebook looking for other people's updates. But I haven't had time to do that, I'm sorry. I hope they are. I think it's been productive. I said this a few days ago that I would encourage anybody who's facing this to do something similar, to make yourself available on Facebook live and to the press. One of the best things about this has been not only are we informing the community, being transparent about what's going on, but we are hearing good things back from people. Everything we put out there encourages someone to help,



generates a new idea that we didn't have before that we can consider that might help the situation for our community. So, it's got 2-way value and I really appreciate the feedback we've gotten since we've been doing these. And we expect to continue to do them as long as the crisis continues.

Tasa: We have another question on Facebook. Can the virus be transferred from person to person through secondhand cigarette or vape smoke?

Mr. Meyers: That's a very specific question. Our experts don't know, we don't know. I think the way it's transferred from person to person is through droplets, expiration. When you breath out it's carried on the air. So, if you are vaping or smoking you are breathing out. One thing that's really important if you are handling a cigarette, a device, anything that's going in and out of your mouth wash your hands frequently. Number 1 don't do it, let's start with that. As health providers we would never advise anyone to smoke. And if you've got the opportunity to quit, then quit by all means. Vaping has its own challenges. It was developed as a bridge to quitting smoking. If you are going to use it that way, great. But get on a path to quitting. Meanwhile, while you are sticking things in and out of your mouth wash your hands frequently. Don't touch surfaces you don't have to touch, disinfect the areas you touch frequently, disinfect that thing you keep sticking in your mouth. Do your best to practice really strong personal hygiene. And don't breathe on other people.

Tasa: We have another question from Facebook. Does the Texas heat factor in to defeating the virus? Could that be the benchmark in the war with this invisible enemy?

Mr. Meyers: That's one of the great questions. And I think we'll begin to be able to answer that over the next few weeks as inevitably the weather warms up. I know it's going to be in the 80's some this week, but it's also going to be in the 50's some this week. So, for us it takes a little bit longer to get into the heat of the summer. But there's been speculation about that from the beginning that as warmer weather comes, much like flu season that we will see a dissipation of the disease. But if that's what puts it into a dormant phase that's reinforcement that its going to come back when it gets colder. And it will get colder. So, we need to be really careful about relying on the change in the weather to solve this problem for us. It may abate the problem for a bit, we don't know. But if it does, we have to be really vigilant that we are ready when the fall comes back and cooler weather returns.

Ok, well I think that's the end of the questions. I'd like to thank especially the members of our local press who are working with us to effect as much social distancing as we can. We've tried this I hope successfully today. We'll continue to refine our system. Tomorrow, it will not just be people at the hospital speaking, but we'll be back with the Unified Command Team; the city, and the county, and the school district, and the health department, all from our respective sites and it will become a different kind of logistical challenge and hopefully that will go well. But regardless our commitment continues to keep the community informed, to be transparent, to answer questions as they come up, and we will continue to do that in the safest way we can. Thank you all very much.