



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Wednesday, April 29, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning. I'm Russell Meyers, CEO of Midland Health and this is our coronavirus daily update for Wednesday, April 29<sup>th</sup>. This morning, I'll start with numbers. We have over 26,000 confirmed cases in the state of Texas now. Six hundred ninety deaths. Seventy-five confirmed cases in Midland and yesterday I'm sorry to announce that we had our 6<sup>th</sup> death. An 80-year-old male who had been a resident of Midland Medical Lodge and died in the hospital yesterday. So, that's 6 deaths in Midland County so far. Four of those have been associated with the Midland Medical Lodge outbreak. Numbers from the hospital. We have a census today of 128. Ten patients in critical care. We have 4 patients in the COVID Critical Care Unit (CCU) and 5 in the Med Surge unit associated with COVID for a total of 9 with 4 of those being positive. The ED saw 101 patients yesterday. We have 7 patients on ventilators.

I have a couple of announcements to make. Last night, we began a program led by volunteer physicians from Premier Physicians group to do some screening with disadvantaged consumers in our community and with the homeless. Last night we did screenings in the evening around the dinner hour at Breaking Bread Soup Kitchen. Our physicians are also working with homeless advocates on a program to do some screening at the food bank in the next few weeks and we'll have more to say about that in the future. But that's a population we've been talking about for a while. We need to reach out to them. For the most part, the people who come to the soup kitchen have their own transportation so should any of them require testing after they've been screened we'll make appointments for them at our testing center and expect them to get there on their own. I know there's some further discussion about people without transportation who are in the even more chronic homeless population and those conversations are in the works to figure out how best to serve those folks.

One of the things we'd like to continue to encourage is the donation of plasma by people who have had the COVID-19 virus and have recovered and have had an extended recovery period. There's been a variety of information out about that. What we've determined as of yesterday is that the blood bank will accept patients who have had a recovery and have a positive antibody test even if they never had a positive COVID PCR test. And so, should you have an interest, believe you qualify I would encourage you to call 68-NURSE you can get information there. You can call or contact Vitalant. Also, if you are interested in antibody testing, we've talked about that some this week. It is newly available to us at the hospital through our direct access testing program. And you can contact our direct access folks if you are interested in an antibody test. The number at the Main Campus is 221-2911. At the West Campus it's 221-3010. Please call them and discuss that if you want an appointment to get an antibody test you may have to pay for that out of pocket or your insurance may cover it. That can be discussed when you call.

These conferences daily we are reaching the end of our daily schedule now. Today will be the last of the daily Facebook Lives and press conferences. We are going to shift beginning next week to a Mondays only schedule, so Monday mornings. And I believe we are going to move that back to 10:00am to give ourselves a little bit more time to accumulate information from the weekend and get the day started.



So, after today the hospital's solo press conferences and Facebook live events will occur Monday mornings at 10:00am until future notice. We will continue to participate with the Unified Command

Team. The mayor sets the schedule for those meetings and as those are scheduled, certainly there's one tomorrow. As they're scheduled in the future, we will continue to participate in those meetings. So, no solo Facebook Live conference from the hospital on Friday. We'll have the next one on Monday morning at 10:00am and regularly on Monday mornings going forward.

I believe that's all that I have for this morning and I'll be happy to take questions.

Tasa Richardson, Midland Health Public Relations Manager: We have a question from Facebook. Do you know how much the antibody test costs if insurance doesn't cover it?

Mr. Meyers: Let's see, I believe we are charging \$50 for the test if you get it through our direct access testing program that's a \$50 charge.

Tasa: We have a question from Sammi Steele, NewsWest 9. Why have you guys decided to open the antibody testing/plasma donation to people who have never officially tested positive? What changed your mind?

Mr. Meyers: Well, it's not our change. Those are the rules that are published by Vitalant, the blood bank that actually captures and stores the plasma. So, we've interacted with them yesterday. Our initial impression was that they were not going to accept donations from folks who had not tested positive for the virus, but they gave us a lengthy list of acceptable antibody testing sites that they will use. I think if a patient has a question about their qualifications, they should contact Vitalant directly. Those rules came directly from them.

Tasa: We have a question from Danny Barrera. How difficult is it to test the homeless?

Mr. Meyers: Well, we are going to find out. We are not intending to test the homeless in any broad way. What we are doing is offering screening at the Soup Kitchen and later at the food bank for people who are coming there for food, for meals or for food supplies. Many of those people are homeless, certainly not all of them. Most of them are economically disadvantaged either chronically or newly disadvantaged by the challenging economic environment we have now. And we are concerned that that may be a population that is not readily accessing the healthcare system in any way. So, we are going to have screeners at those sites a couple of times a week and see what comes of it. If there are people who are screened and appear to have symptoms or otherwise need to be tested, then we'll ask them to go and be tested. That won't cost them anything, so that part will not be difficult. But we can't control what these folks do if they choose not to be tested, they don't have to. I think we are most concerned about the chronically homeless. Not the people who have been newly disenfranchised and perhaps are living in their cars or have transportation at least, but the folks who regularly live in our community out in the open and perhaps are less accustomed to interacting with the healthcare system. That's going to be a work in progress, and we are working with community advocates who work regularly with the homeless to try to find inroads to gaining the trust of that population. And assuring that our screeners can talk to them and that the testing can go forward if it's needed. It's very much a new program, so I'm sure it will evolve a good deal over the next 2 or 3 weeks as we figure out what works the best.

Tasa: We have another question from Sammi. How many people have donated plasma so far?



Mr. Meyers: We think it's in the low teens in all likelihood. I don't have an exact number, but we are aware that there is some stored plasma that's been donated locally that hasn't yet been used. So, 10, 12, 14 somewhere in that range.

Tasa: We have a question from Melissa Beach from NewsWest 9. How many people were tested at the Breaking Bread Soup Kitchen? Are you tracking them separately from other cases?

Mr. Meyers: You know I hope to have better information about that when we talk tomorrow. All I know is that we began the screening. It happened last evening. And we haven't gotten an update from the people who screened on site last night. So, I'll be able to tell you some more tomorrow about how many people they screened, whether anyone was sent for testing or not, that sort of information. But as of this moment, I just don't have it. (Remarks off camera not able to be heard) Oh, well Dr. Wilson has it and he's whispering off camera that we saw 60 people last night at the Breaking Bread Soup Kitchen. Screened those 60 and no one was sent for testing last night. So, as the rest of the schedule unfolds as we determine when we are going to be doing the screenings at the food bank, we'll talk to you in more detail about the rest of the plans. Thanks, Larry.

Tasa: We have a question from Caitlin Randle at the MRT. One you've already addressed about how many were screened last night. And then a follow up. Do you have the timeline for expanding screening to those who are chronically homeless?

Mr. Meyers: I don't, we have a conversation ongoing with some local homeless advocates. We had an initial plan to try to reach those folks, but we were redirected by people who know that population better and we are working on suggestions that they may have for how best to reach that population. As of now, I don't think we've firmed up a plan for how to do that. So, that's still to be determined.

Tasa: We have some questions on Facebook. How sure are you the antibodies are not contaminated? Are you able to test it effectively?

Mr. Meyers: Contamination. I don't- I think these are standard blood draws, so contamination shouldn't be a question if the draws are done correctly. So, I'm not sure I understand the question. If the question is really about the sensitivity of the test. They're limited. Essentially this is my lay way of thinking about it. These are sort of pass/fail tests. Either you have the presence of antibodies in your system or you do not. We are not certain exactly what the results will mean. Whether the person could potentially still be shedding virus. Whether they have an adequate level of antibodies in their blood to really consider themselves immune. Those are questions the test doesn't answer. What it does answer is whether there are antibodies present or not. And that's about as far as it goes.

Tasa: I believe you've already addressed this question, but I'll ask it just in case you have anything further to add. How confident are you about the accuracy of the antibody testing?

Mr. Meyers: Well, I think what's been described to me is that these tests are a high-quality test. The accuracy of them is not much in question. It's what the results, the accurate results actually mean in terms of the patient's level of immunity and how their behavior should change going forward. What we do know according to the blood bank is that a positive antibody test from any number of labs, about a dozen on a list that I saw yesterday, those positive antibody tests will qualify someone as a plasma



donor if they're not otherwise disqualified for other reasons. So, that's the one element of value that we know it has.

Tasa: Is the antibody testing for MMH employees or open to the public?

Mr. Meyers: We've marketed it to our employees first and there's been a significant level of interest. We also at the same time communicated with our physicians so that they can talk to their patients and send them for testing if they are interested. But we will accept patients from the community. It does not require an order. You can contact one of our direct access testing sites, make an appointment, and they will test you if you're willing to pay for it or if your insurance covers it.

Tasa: Is it a blood draw or rapid finger stick test? And can you repeat the numbers to call for testing?

Mr. Meyers: It's a regular blood draw as you would find with other types of blood testing. It's not a finger stick. The phone numbers to call are 221-3010 or 221-2911. We can put that up on our Facebook page.

Tasa: Yes, we'll post it shortly. How long does it take to get results back from the antibody testing?

Mr. Meyers: Well, we don't know that for sure. We haven't done it in quantity to say. And just like the regular virus testing, that turnaround time is going to vary as people become aware of the availability of testing and come to get it in larger numbers. We are going to begin to see backlogs in the labs in all likelihood. So, as of now we don't really know. It's a send out test. So, certainly no faster than a couple of days. And depending on the volume that they have to see we'll establish a turn around time once we do more of these and see how the labs perform. We just don't know at this point.

Tasa: If the antibody test is positive, can you donate plasma?

Mr. Meyers: Generally, as I understand it yes. There's some other qualifications that you'll have to talk to the Vitalant folks about, but generally, yes. If you have a positive antibody test from a reputable lab that has been sanctioned by Vitalant then you would be able to donate plasma.

Tasa: It looks like that's all the questions that we have. We did have some comments regarding the schedule and if we'll be live tomorrow with Unified Command or not.

Mr. Meyers: Yes, definitely we'll have a Unified Command Team briefing tomorrow at 9:00am. That will go on just as has been scheduled over the past several weeks. So, I'll be here along with the rest of the Unified Command Team tomorrow at 9:00am. We will not have the hospital only briefing this Friday. We will have the next hospital only briefing Monday morning at 10:00am. We'll make it an hour later to accommodate our schedule here in the hospital and going forward we'll expect to do these just on Monday mornings, the hospital only session just on Monday mornings. And then of course we will participate in the Unified Command Team briefings whenever they happen as scheduled by the city. So, we will see you back here with the hospital only briefing Monday morning 10:00am. We'll be with the Unified Command Team tomorrow, Thursday morning at 9:00am. If there's no further questions I'll say thanks for tuning in and we'll talk to you tomorrow.