



COVID-19 Briefing

March 18, 2020

Dear ARAPA Members and PAs of Arkansas,

Thank you for your hard work as you care for your fellow Arkansans. As stated yesterday, PA Jon Allen is on the front lines working directly with AR Health Department and Dr. Nathaniel Smith on the COVID-19 Pandemic in Arkansas. Here is a briefing of information for you. As ARAPA leaders we are committed to assisting in mobilizing PAs in this time of need. Be assured we are in contact with the AR Health Department, AR Medical Board, Governor’s office, AAPA, and our Senators. We will notify you of new information as it develops. Please call/email ARAPA leaders for any questions or concerns you may have.

Stay safe and brave out there!

Heather Trudeau, PA-C, 2020 ARAPA President
Tara Bruner MHS, PA-C, 2020 ARAPA Past President

COVID-19 ARAPA Briefing

Telehealth – was addressed last week in an email – here is a link on ARAPA site. If you do not have it on our current protocol and anticipate it, please submit addendum to your protocol.

<https://arapa.mypanetwork.com/physician-assistant-news/779-covid-19-and-arapa>

Clarification: There is a limitation that there must be a provider/patient relationship before use of telemedicine. This applies to all medical practioners, physicians etc.

We are in discussion with the AR Medical Board with mobilizing PAs for disaster. Scenarios are being discussed. As it stands now ALL need appropriate protocol (yes, this delays things, so get it in now). Must be within scope of supervising Dr. This is to protect you and your license.

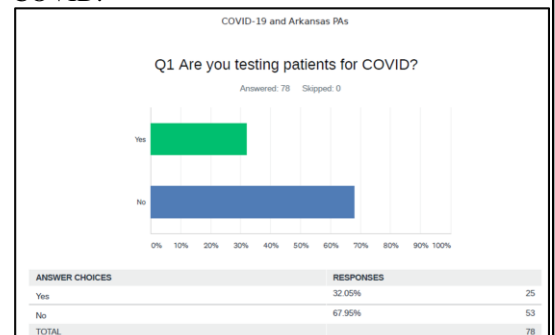
1. Volunteer work (not paid) – Get protocol in
2. Paid work – if not currently in your scope of practice – you must submit a separate protocol – can be the basic protocol but must cover your scope of medicine
3. Good Samaritan- PAs are NOT covered according to the Arkansas Practice Act, unless dire emergency (car wreck, etc)

Current Status of Drive Through Screening Clinics
Announced at press governor’s conference 3.18.2020

Drive through Screening Clinics

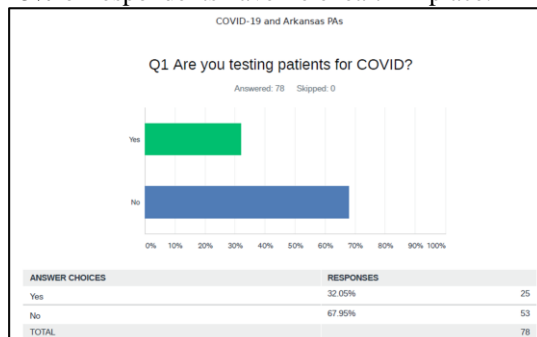
- Conway: Conway Regional Need referral from PCP
- Fayetteville: Washington Regional
- Harrison: AR Regional Medical Center
- Heber Springs: Baptist Health Medical Center
- Jonesboro: St Bernard’s
- Little Rock: AR Children’s Hospital (children only)
Baptist Medical
UAMS
- Pine Bluff: Jefferson Regional Hospital

COVID and Arkansas PAs Survey Response
Thank you for your response to our survey.
1/3 of the PA respondents (n=78) are testing for COVID.



Locations of testing has been sent for AR Health Dept.

Telehealth information is helpful for ALL areas of medicine to be utilizing now.
25% of respondents have Telehealth in place.



SURVEY RESPONSE COMMENTS

Are you experiencing PA practice limitations during this health crisis? Please explain
Elective surgeries stopped as of Monday, March 23
Having to update my physician assistant protocol to do telehealth.
I am not experiencing any limitations that are not related to testing availability.
No - not at this time. We are in the early phases of rollout.
No, I am actually in charge of this aspect in our clinic.
NO. I contacted the medical board to make sure it was ok to pick up shifts at the new local Washington Regional COVID—19 screening clinic and they granted me permission without any additional changes to protocol due to this emergent situation.
Not able to refill some amphetamine salts for our patients in the absence of our physician. He has been self quarantined for potential exposure.
Not any different than usual. The Medicaid issue and hospital privilege limitations
Not limited to PAs, not yet.
Not so far- They (Northwest Health) are about to pull me from here to help in some other capacity since most of the student athletes have left. Not sure what that will be
Not yet, could stop elective surgeries at some point
Not yet, but this is a concern as we face the unknown
Nothing more than what is usually limited. My main issue is limited tests and limited PPE. Our hospital is having us re-use n95 masks for an entire shift. It's not safe, as we have seen that healthcare workers are being infected by contaminated PPE.
Significant decrease in volume due to fear of exposure
This is a limitation for all providers currently in my practice we are unable to swab for step of influenza due to the lack of PPE needed to perform these swans. If patients meets health dept criteria for testing we are able to send to WRMC COVID-19 screening clinic in Fayetteville. If they do not meet criteria but have symptoms that could possible be COVID-19 we are sending home to self quarantine.
Unable to perform some exam types
We are still seeing patients as usual—just screening for symptoms prior to signing in.
We have mask, gown and glove shortages. Otherwise, it's business as usual
We have the ability to test but are not able to test at this time because we do not have appropriate PPE to protect our staff. We are doing consults by phone but are not charging for these visits. Working on setting up telehealth/e-visit option.
Yes - I would do telemedicine but not all states are allowing those without specific state licenses or supervising physicians to participate
Yes - went from seeing pts in clinic to virtual/telemed screening questionnaire
yes, I have not been able to get to work because they are dealing with the crisis and haven't been able to onboard me yet.
Yes, limited access to testing
Yes, practice protocol has to be updated via medical board in order to participate in telehealth
Yes, shortages of PPE and Covid tests.
Yes, staggering days going to work and canceling elective OR cases
Yes, we have very limited PPE and tests
Yes, would like to do Telehealth or home visits to meet the needs of my chronic care patients but unable to do so under current practice laws. Would also be difficult to transition to other roles as needed in my organization (Baptist) due to practice limitations (SP, practice agreement).
Yes. Decreased patient volume clinic-wide, but more so for myself as I have mostly elderly population and they are opting to stay home currently

Yes. I have plans to add telehealth to PA protocol. It is difficult for us to provide adequate distancing to patients that are required to appear daily to dose with methadone or weekly to provide a UDS, attend counseling and groups, & receive a buprenorphine prescription.
Yes. I work in the "fast track" portion of our ED. Our hospital restricts APPs to only seeing triage level 4&5 patients. I could contribute more if I was able to see higher acuity patients. Also, our hospital does not allow APPs to sign for hydrocodone products despite having authorization to do so from the DEA and state medical board. This is an issue when I have a patient with an acute fracture/injury who needs hydrocodone- I have to find a physician to sign the script and take up their time when they should be taking care of patients.
Yes. People are coming in wanting to be tested but we don't have a way to test. We have limited supplies of PPEs.
Yes. Without telemedicine options we are turning away sick patients and wanting to r/s well patients. I do not see how our company could sustain this hit
Please add any thoughts or comments
We need to be testing everyone that meets symptom criteria regardless of travel history. We need more tests.
We are associated with the Arkansas College of Osteopathic Medicine in Fort Smith, if we can help somehow with the efforts.
We are only testing our own patients, not the general public.
There have been a few patients that I would have tested, but, as of yesterday, our clinic only has 8 tests, so we are not using them on all patients that think may have COVID-19
Still waiting on PPE which is on back order like everyone else
We've been discussing in our meetings the need for testing apart from what's controlled by the state. We've sent patients to Little Rock only to have them told they probably have it but that they're out of tests. Other providers when trying to get staff tested were told there's no positives in your area so we're not testing anyone from your area. We've also quit flu and strep testing at our clinic. If a negative pressure room with all the PPE is required to swab for Coronavirus, then how on earth are we to swab for flu trying to prove it's not Coronavirus safely. There's also abysmal communication and point of care questions confusing and frustrating our patients. We've been told to have them call the Arkansas health department who then tells them to call the CDC who then tells them to call their PCP. There's an amazing shortage of PPE to protect our employees and ourselves as providers. We've been told just to have the patient and ourselves in surgical masks and that's supposed to be good enough. Somehow if it requires a negative pressure room and full PPE gear, I'm just not confident in the efficacy of a surgical mask. We've moved patients from waiting in the lobby together to remaining in their cars and we're bringing them in as a room is open and assessing them in a single room including labs. Everyone but the patient (and caretaker if one is necessary) is barred from entering the clinic. All staff while supplies last are wearing masks. We're also looking for ways to sterilize and reuse PPE because it's likely we will run out and will be unable to be resupplied.
Happy to be available and help in any possible.
Keep us up to date on opportunities to help even if not in practice currently
We are on alert for anyone with symptoms of Covid 19, and to report any possible exposure of ourselves or colleagues.
The only problem is we are about to run out of COVID-19 tests and are being told by our lab it will be 2+ weeks until more tests arrive
We aren't doing enough here. Not testing employees and providing care in close quarters without PPE. Not accounting for risk of asymptomatic transmission.

As mentioned in question 4, there is a local COVID-19 screening clinic through Washington Regional that I will be helping at. Our clinic is thinking of just doing a lot of visits over phone and billing for time. But we don't have video so this isn't full blown telemedicine but more like a telephone encounter.
The inability to have access to known infected patients makes it impossible to properly identify PUI's. We have had people claim known exposure, only to find there was no exposure. Adding to the complexity of treatment, and unnecessary quarantine of our staff.
I will email you to update as things progress
I was told today my our office director that we are working on getting a testing site
I hope that ARAPA will encourage congress to release the PPE that is stockpiled. ACEP has more information on this.
The largest problem I am seeing are people are continuing to come to my clinic for non-urgent symptoms that could easily be managed at home. I do not feel that majority understand the need to stay at home especially if they have any symptoms (that are not life threatening). Until we are able to widen the testing criteria for patients there is no need for many to come to clinics and risk spreading the virus.
Thank you for your hard work!
While UAMS is testing, only certain are getting tested - ones that are mod-severe symptomatic and have rusk factors of travel/known exposure. We are not including community spread to possibilities.
I would love to help out through telehealth, but I'm unsure how to do this. would love more info on how to help during all of this.
Access to testing, gowns and masks
Thank you for your work, stay well.
We are evaluating telehealth now for Medicare as new updates allow us to now do without encryption restrictions, just trying to troubleshoot use with elderly population without access to such applications or internet
It should be recommended that all patient groups regardless of size be cancelled during this time. Also, all elective medicine should be postponed.
It would be beneficial if PAs could volunteer their time outside of their current practice. For example- an orthopedic PA volunteer with a Covid19 screening location or work in a triage situation- supervising physician restrictions would need to be lifted.
We are all in this together!! however, as a PA, mom, and front line provider this time is scary and anxiety ridden, no matter the platform.