Ethical Issues in the Age of COVID-19 Part I

Satellite Conference and Live Webcast
Wednesday, August 5, 2020
10:00 – 11:30 a.m. Central Time

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

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Goal of the Training

The course goal is to explore ethical issues in the time of COVID-19.

Objectives

At the conclusion of this training, participants will be able to:

1. Name at least four ethical issues facing public health providers in the age of COVID-19;

2. Name at least four unique ethical issues for workers working remotely; and

3. Identify at least three criteria for digital communication with consumers.

Brief COVID-19 Update

Surveillance Data (Aug. 3)

- 2,624,029 cases (July 1)
- 4,601,526 cases (August 3)
- 127,299 deaths (July 1)
- 154,002 deaths (August 3)

Increasing case rates
- FL, MS, NV, AL, LA, GA, AZ, SC, TN, TX
- Lowering case rates
- VT, ME, NH, NY, NJ, CT, MA

COVID-19 Updates

- **Retreat from 'opening up' and increase in mask requirements, especially southern and southwestern states**
- **Increased survival rates, remaining uncertainty about long-term medical consequences**
- **Global explosion in Brazil, India, Russia, India, Mexico — much of South America**
- **U.S. issues of opening schools, sports teams, continued politicization of COVID-19 response**

Questions?

Comments?

EMAIL To:

alphtnquestions@adph.state.al.us

Macro Issues in COVID-19: Individual Freedom vs Public Health Good

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COVID-19 Transmission

- **Transmitted from *person-to-person* by respiratory droplets spread through coughs and sneezes — protective measure of mask wearing.**
- **Virus gets into the body through your eyes, nose, and mouth. (*Rationale for avoiding touching our faces*)**
- **The virus can travel deep down into the lungs, and then the immune response is actually out of control; people can actually start to develop pneumonia, severe lung disease, lung failure**
- **If it spreads, you can have organ damage all over your body, and could go into shock.**

COVID-19 Prevention

Hand Washing

Physical Distancing

Wear Mask in public

Self-Isolation

History of Restriction

- **First act in U.S. history 1647 — Massachusetts Bay colony restricted entry into ports**
- **History throughout colonial America of restriction on travel/entry**
- **Quarantine in late 18th century includes prohibiting interstate travel in light of yellow fever outbreaks**
- **Cholera and yellow fever outbreaks in the 19th century lead to continued Federal response**
- **Tension between state/city response and Federal government control in play throughout**

Challenge #1: Infectious Disease Containment

- International Sanitary Conferences dating to the mid-nineteenth century
- U.S. conference 1905; follow-up in 1920's [notification of cholera, plague, typhoid shared across nations in North America]
- Public Health Service Act [1944]:

   "…the Surgeon General has the power to make and enforce such regulations necessary necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the U.S. or from one state into any other…"

Shelter in Place Orders in Response to COVID-19

- March 13 — Federal emergency is declared
- State/local "Shelter at home" ordinances enacted
- By March 30, all states but Arkansas, Iowa, Nebraska, North Dakota, Oklahoma, South Dakota, Utah and Wyoming enact restrictions on travel outside home
- By April 28, Fortune article cites reopening efforts in multiple states

Disease Containment vs Economic Recovery

- In 4 weeks, 22 million Americans file for unemployment; rate nears 15%
- Delays bog down some stimulus payments
- In less than a month, PPP program is out of money to protect employee paychecks
- Falling consumer spending exacerbates slowdown
- Historic stock market declines in March includes worst day percentage drop ever

Disease Containment vs Individual Freedom

- History of individual liberties in the U.S. date back to our founding
- Freedom to assemble, freedom to worship, right to bear arms
- Concerns about government overreach embedded in portion of the population [taxation, vaccines, firearms, land ownership]
- By late April, organized protests merge COVID skepticism, anger at government overreach, and concern for economic impact

Mask-Wearing Debate

- May increase in opening beaches and business
- Fatigue and negative reaction to mask requirements
- Mask requirements viewed as part of a liberal agenda — efficacy of mask wearing questioned
- Combination of COVID skepticism, questions of mask efficacy, and existing anti-government leanings make mask wearing unpopular

Opening Schools for In-Person Instruction

- Nearly all schools in the U.S. left physical buildings by mid-March
- Distance-based and parent instruction were solutions to the challenge
- Consensus among educators that in-person instruction is superior learning environment
- Advocates add that opening schools helps reopening of the economy
- Teachers complain about risk of live instruction

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Macro Issues in COVID-19: Working at Home

Remote Working Pre-COVID

- 159% increase in remote working between 2005 and 2018
- 40% of the U.S workforce never worked remotely pre-COVID
- Nearly 18% of the workforce worked remotely 5 days a week pre-COVID
- 8% of workforce worked from home one day a week

Remote Work in 2020

- 42% of the workforce working from home full-time as of June [more than 2/3 of U.S. economic activity]
- 33% of the workforce not working
- 26% reporting to work — largely essential workers

Shifting to a Remote Workplace

- 83% of workers in a PwC study want to work from home at least partially
- 32% report never wanting to return to an office
- 55% of employers say employees will continue to work from home

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Challenges in Working Remotely

- Need for greater flexibility in work hours
- Better hardware and equipment
- Clear guidance on when staff must be available
- Challenges with work/life balance

Essential and Employees Not Able to Telework

- Healthcare, Retail, Transport, Hospitality, and Service businesses remain open
- Disproportionate number of women, people of color, lower wage earners not working at home
- Fears about lack of upward mobility, access to training, and other opportunities exist

Public Health Workforce

- Less than 3% of health care dollars are spent on public health
- 50,000 public health jobs lost in 2008-2010 recession never replaced
- 35-50% decreases in cuts to preparedness funding
- Concerns of 'bloated government' and ineffectual bureaucracy clouds debate

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Macro Issues in COVID-19: Remote Social Work/Health Care Services

Health Care and Social Service Essential Workers

- Telehealth and remote work not new
- Increase and unprecedented expansion based on the need to preserve PPE, promote safety
- Patient portals, telecommunication have been in place
- Telehealth (especially in rural and underserved populations) has been in place

Rationale for Telehealth in Response to COVID-19

- Screen patients who may have COVID symptoms and refer as appropriate.
- Provide low-risk urgent care for non-COVID-19 conditions, screen and refer.
- Access primary care providers and specialists, including mental and behavioral health, for chronic health conditions and medication management
- Provide coaching and support for patients managing chronic health conditions.

Increase in Adopting Telehealth Services

- First CARES Act legislation sanctioned use of telehealth outside rural settings.
- HHS says it will not target use of non-HIPPA compliant tools during pandemic
- CMS allows payment (Medicare, Medicaid, CHIP) for telehealth and encourages private insurers
- HHS waives cost-sharing and co-pays for telehealth

Telehealth Best Practices

- Be strategic in your considerations: Consider which services/programs already have virtual options that could be expanded, which populations or clients would most easily adapt to virtual platforms, and which services or populations would pose the greatest challenges.
- Take time to assess your needs: Understand what your current capacity is and where your gaps are in terms of equipment, staffing, and patient resources.

Telehealth Best Practices

- Communicate visit changes to your patients: Let your patients know about your organization's telehealth policies during COVID19 outbreak. Consider targeted outreach to "high risk" patients.
- Practice using technology first: Whatever application you decide to use, practice with other staff before you use with a patient. You may be able to recommend preferred video conferencing applications to patients and send them test links to make sure a connection is available before starting your session.

Telehealth Best Practices

- Create a backup plan: Establish protocols in case escalation of care is required or technology fails. Do you need to consult with another provider? What backup technology could you use?
- Consider appropriate screening tools: If you are still offering in-person appointments, incorporate approaches for screening for COVID19 symptoms prior to arrival and protocols for shifting appointments to virtual should someone be presenting symptoms.

Telehealth Best Practices

- Documentation and record keeping: Continue maintaining an electronic record for each patient and document to the highest of your capability based on your interaction, including any assessments or treatment plans.
- Check in with patients: Find out where the trouble areas are for them and make changes where necessary. Check in during the visit and afterwards.

                    - National Council for Behavioral Health

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THANKS SO MUCH…

AL Wise Woman Program

My friends at ADPH:

Rhonda, Bill, Ryan, Brandon, and Darren

YOU for making time today — and ALL YOU DO!