April 20, 2020

Dear Governor Brown,

Thank you for your work to date in responding to the COVID-19 pandemic in Oregon. As we compare the performance of the state of Oregon to other states, it is apparent the courageous early decisions you made prevented tens of thousands of infections and saved hundreds, if not thousands of lives. As you consider this next phase of recovery, the same courage in decision-making will be required.

It is critical to stay the course on social distancing to reduce case numbers. Concurrently, it is appropriate to begin resuming vital health care services safely, basing decisions on science and expertise, not politics. As a result of the decision to put a moratorium on elective and non-urgent procedures, which we supported, patient care has been delayed. Delayed procedures include surgeries to relieve pain and suffering and to treat cancer, among many others. We are sure you agree we must care for these patients safely, but also as quickly as possible. In addition, hospitals, as anchors of their communities, are in financial crisis as a result of delaying elective and non-urgent procedures and declining volumes. Managing the course of this pandemic will require a strong, sustainable and available health care infrastructure, which is in jeopardy. The financial effects of this pandemic on the state’s hospital system will be felt beyond 2020 if we don’t begin to shore our institutions up now. To date, hospitals are losing an estimated $13 million per day, a conservative estimate. Revenue reductions have exceeded 70% for some hospitals and as a result, hospitals have been forced to furlough or lay off staff and significantly dip into their financial reserves.

We appreciate that you have appointed a medical advisory panel (MAP) to help advise you in these decisions and we strongly believe that the clinical perspective is necessary. To complement the views of the MAP, we believe the operational perspective of hospitals is essential. Thus, the collective expertise of our members is important in this conversation. OAHHS has convened an internal task force of hospital leaders, representing rural and urban hospitals from across the state. The group has endorsed the American College of Surgeons and American Hospital Association framework for reopening elective procedures, detailing several specific metrics hospitals should use in deciding to resume services. That recommendation, attached, was provided to your office Friday. Given growing patient needs, the importance of getting health care workers back to work so we can retain them in our communities, and the dire condition of hospital finances, we urge you to act without delay in endorsing this thoughtful, evidence-based framework. The timeline for implementation should allow us to safely and slowly resume critical services for our communities without delay.
Second, we recognize that reopening our institutions is just one step in overall health system recovery. If we do not have a viable framework in place to manage ongoing COVID-19 infections between now and the development of a vaccine, our effort will be for naught and the state will have to reinstitute strict social distancing policies. To avoid that requires careful planning. We must have a strong public health infrastructure, with a buildup of capacity to do contact tracing and monitoring of isolated individuals. Our testing capacity must be far more robust than it is today. Patients and clinicians must have confidence in the safety of resuming operations. These are just a few of the many considerations that affect overall health system recovery and overall economic recovery. Our task force will be considering the broader issue of health system recovery next week and will forward subsequent recommendations to you for consideration.

We have heard that the Governor’s office has developed a phased plan for reopening Oregon that includes elective surgeries, and we invite a representative from your office to present that framework on our weekly CEO call. As noted above, we believe we are critical stakeholders in that conversation, since these procedures are done in our member facilities. Further, we had heard that reopening elective surgeries may be contingent upon a vote of county commissioners, based upon attestations made by hospitals around bed capacity and PPE availability. Decisions to reopen elective surgeries must be made at the facility level, based upon the clear criteria identified in the ACS/AHA guidelines. The decision to resume should be based on science. Clinical and operational decisions do not belong in a political context through a county process. We strongly object to any framework for reopening that requires a vote of county commissioners, or any other group of elected officials, prior to restarting health care services. We urge you to make decisions based upon sound science and the input of necessary stakeholders.

Thank you again for your leadership during this unprecedented time. We look forward to hearing back from your office.

Sincerely,

Becky Hultberg, President/CEO