

June 19, 2020

COVID-19 AND 'CORONAVIRUS' UPDATES

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THE IMPACT ON OUR HEALTH SYSTEM

This is the 19th update for Regents regarding the SARS-CoV-2 virus pandemic and its impact on the University's health and academic enterprise. Before providing this week's update, I'd like to recognize several important developments.

June has been a momentous month. Today, June 19th, is an important day in history and one that is well known to me as a Texan. Known as Juneteenth, it marks the post-Civil War date in 1865 when Union soldiers landed in Galveston, TX and shared the news that the Civil War had ended, and slaves in Texas finally learned of their freedom promised under the 1862 Emancipation Proclamation. Although more than 150 plus years have passed, we continue to struggle with individual and systemic racism that has been so painfully made obvious in recent events.

On Monday, June 15, the Supreme Court of the United States (**SCOTUS**) issued a historic ruling for equality. Employers can no longer discriminate against someone due to their gender identity or sexual orientation under Title VII of the Civil Rights Act. Up until that ruling, employers in about half of the country could fire someone simply for being who they are. This ruling comes during Pride Month and ahead of next weekend's 50th anniversary of the first Christopher Street Liberation Day March in New York City in 1970.

On Thursday, June 18, SCOTUS rejected the federal administration's effort to end the protections provided by Deferred Action for Childhood Arrivals (**DACA**). The ruling does not fully settle the issue, but it provides a temporary reprieve for the 650,000 or more people who came to this country as children and have grown into promising students, productive adults and contributing members of our society.

I'm grateful for the **bold leadership** of President Janet Napolitano and UC Board of Regents Chair John A. Pérez for taking action that many did not believe could succeed with the Court's composition. Before she became UC president, of course, Janet was secretary of Homeland Security and developed the DACA protections at the heart of Thursday's ruling.

"Justice and the rule of law won the day," President Napolitano said. "The Supreme Court's decision to uphold the University of California and the California attorney general's challenge against the Trump administration's



Chair Pérez (left), attorney Ted Olson (middle), California Attorney General Xavier Becerra (center) and President Napolitano after arguing the DACA case at the U.S. Supreme Court.

capricious action is a victory for hundreds of thousands of young people who are making vital contributions to their families, schools, employers and the nation.”

Chair Pérez notes, “Dr. Martin Luther King Jr. once said, ‘Human progress is neither automatic nor inevitable ... Every step toward the goal of justice requires sacrifice suffering, and struggle; the tireless exertions and passionate concern of dedicated individuals. Today we thank those dedicated individuals who stood with the University of California, the state of California, and all the groups that supported our case. Their tireless exertions and passionate concern defeated the Trump administration's senseless attack on young immigrants who have lived here all their lives. Although the battle to provide a permanent status for DACA participants continues, and much sacrifice and struggle remains, today we join the entire UC community and all DACA recipients to celebrate this day of justice.”

UCSF Chancellor Dr. Sam Hawgood and Dr. Priscilla Chan [wrote](#) about the harm that removing DACA participants would have on the U.S. health care system. Tens of thousands of DACA recipients work in essential roles in health care and are vital to our COVID-19 response.

These are not conceptual arguments. We see evidence of how DACA participants help our nation. It was only a few weeks ago that Oscar Hernandez, a DACA student at UCI, graduated from PRIME-LC with dual MD/MBA degrees. He now heads to Cleveland Clinic for his residency. Among his words of gratitude, “I appreciate all of you more than you could ever know. I hope to be able to help as many people as the ones that have helped me.”



DACA participant Oscar Hernandez, MD, MBA, graduated from UCI this month.

I appreciate the full range of diversity in our workforce and among our patients. These rulings by the SCOTUS protect human rights and health. At UC Health, we are reminded every day, in our exam rooms and hospitals, that all policy is ultimately health policy.

COVID-19 BY THE NUMBERS

Nationally, as of June 18, the nation had more than 2.1 million cases with 117,632 deaths, based on Centers for Disease Control and Prevention (**CDC**) data. The ongoing spread of the virus, coupled with increased testing, is increasing case counts by an average of more than 20,000 daily. 'Hotspots' continue to emerge across the nation - and in California - as restrictions are lifted and people relax their adherence to non-pharmaceutical interventions.

According to the California Department of Public Health (**CDPH**), the state has 161,099 cases with 5,290 deaths as of June 18, an increase of 15.7% and 10.8%, respectively, since last week's update.

GOVERNOR ISSUES MASK REQUIREMENT STATEWIDE

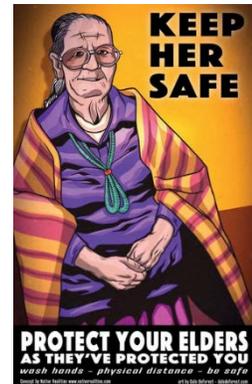
On June 18, Governor Newsom, through the CDPH, issued a [statewide requirement for residents to wear face coverings](#) while in public or high-risk settings. This requirement comes on the heels of several counties relaxing face covering restrictions and an increase in the number of confirmed cases and local spikes in COVID-19 hospitalizations.

MILESTONE IN LABORATORY TESTING

This week we surpassed **100,000 SARS-CoV-2 tests** provided to UC Health patients. This is a remarkable milestone to reach in three months. It was February 29 when the Food and Drug Administration gave Emergency Use Authorization for CLIA-designated labs to begin using locally developed tests. By mid-March, all of our medical centers had developed tests for SARS-CoV-2 and began in-house testing and then quickly adopted commercial testing platforms. In addition to the tests conducted to care for patients at UC Health, we have provided a substantial number of tests to public health departments, other hospitals, and skilled nursing facilities.

HEALTH SERVICES COMMITTEE MEETING

This week I had the opportunity to meet with the Health Services Committee of the Board of Regents. There were a number of presentations related to COVID-19. I gave an update of the COVID-19 pandemic in my [opening remarks](#) (time 14:05). We had the opportunity to hear from Dr. Lundy Campbell, clinical professor in Anesthesiology Critical Care, from UCSF who traveled to New York City and Dr. Sriram Shamasunder, associate professor of Medicine and co-founder of the [Health, Equity, Action and Leadership Initiative \(HEAL\)](#) from UCSF who traveled to the Navajo Nation in the midst of each region's COVID-19 surge. Their inspiring [presentations and Q&A](#) can be found at (2:40:01). Finally, we heard an update of the financial consequences of the pandemic on each of our health centers with presentations from [Paul Jenny, Interim System CFO and each of the health center CEOs](#) (3:44:10).



By Dale Deforest

Summary of Estimated COVID-19 Cost Impacts through May 2020

(in \$ thousands)

March-May COVID-19 Impacts	Campus/OP	SOM/Clinics	Subtotal	Med Centers	Total UC	UC Health
1 Lost revenue	\$ 481,030	\$ 117,719	\$ 598,748	\$ 729,655	\$ 1,328,404	\$ 847,374
2 Emergency Medical Services	6,582	2,850	9,432	137,309	146,741	140,159
3 Facilities and Cleaning Costs	7,297	128	7,425	9,049	16,473	9,177
4 Add'l online/remote costs	31,661	6,395	38,057	12,763	50,820	19,158
Total	\$ 526,570	\$ 127,092	\$ 653,662	\$ 888,776	\$ 1,542,438	\$ 1,015,868

As you can see, from March through May of this year, the financial impact of COVID-19 on UC Health, inclusive of academic health centers and health professional schools, is \$1 billion. The overall financial impact on the University is \$1.54 billion.

As of June 12, UC Health received \$484 million from the federal stimulus bills, with \$290 million in general distribution funding and \$194 million in safety net hospital distribution. The CARES Act funding offsets 45%-50% of lost revenue to date for our academic health centers. Additional direct funding, though in much smaller amounts, is anticipated from the CARES Act Provider Relief Fund and for CARES Act FCC Telehealth Program. Additional indirect funding may come from stimulus funds routed to state hospital associations and states and cities for distributions. Looking ahead, we may also receive some support through our applications to the Federal Emergency Management Agency.

Other revenues will have to be generated through reimbursement for clinical services as our resumption of essential services gradually increases hospital occupancy rates. However, the

ability to sustain higher occupancy rates depends on whether additional draw-downs of census are necessary to support a surge of patients with COVID-19.

UC Health will convene a strategic planning session for leadership on July 17, 2020 to address the recovery from COVID-19 and opportunities for re-making UC Health as a more inclusive and resilient organization by building on the lessons learned and the strengths developed during the COVID-19 pandemic.

EDUCATIONAL CAMPUSES BEGIN ANNOUNCING PLANS FOR FALL

In last week's update, I shared the recommendations from the systemwide testing and contact tracing task force, a subject matter expert group within the UC Health Coordination Committee (UCHCC). In the intervening days, campuses have begun outlining their plans for the fall. As President Napolitano previously announced, to varying degree each campus is planning for curricula that combines remote and in-person instruction and with adjustments to use of dorm space. Thus far, [UCI](#), [UCLA](#), [UC Berkeley](#), [UC Davis](#), [UC Merced](#), [UC Riverside](#), [UC Santa Barbara](#) and [UC Santa Cruz](#) have made initial announcements.

I anticipate these plans will continue to evolve and develop greater detail as the state prepares to release its guidance to higher education, and the UCHCC Symptom Tracking work group prepares its recommendations about app-based reporting of potential COVID-19 symptoms.

The UCHCC will continue to support the campuses over the summer as the leadership, faculty, staff, and students work to implement the UC consensus standards and the requirements of the local and state health departments for resumption of in-person activities. Updates about each location's fall plans are included on the [system's coronavirus page](#).

FATHER'S DAY AND STAYING SAFE WHILE CELEBRATING

This Sunday is Father's Day, and although it's not directly related to COVID-19, I want to take a moment to recognize the occasion and to send my good wishes to all the fathers out there.

Like other important occasions since the pandemic began - graduations, Memorial Day, birthdays, Mother's day - traditional celebrations have to be modified to mitigate risks. UCI Health, in collaboration with other health systems in the market, published a full-page ad on Wednesday to help people adjust their plans.

The effort to adjust expectations includes this important message: **"The best gift you can give this Father's Day is protecting your loved ones from contracting COVID-19. We urge you to celebrate safely because your health and well-being are important to us."**

Celebrate Father's Day Safely: Prevent the Spread of COVID-19

After nearly three months under stay-at-home orders, and summer right around the corner, we recognize that Orange County residents are eager to get out and connect with friends and loved ones. However, in these days following Mother's Day and Memorial Day weekend — as extended families begin to gather again — the county numbers revealed an increase in the number of cases and people hospitalized with COVID-19.

COVID-19 is still being transmitted in our community — and as people begin to socialize with others who don't live in the same household and visit places that have opened, we expect the number of cases to continue to rise. With that in mind, we offer these tips to help you and your family celebrate Father's Day safely.

- Celebrate virtually** — use technology such as FaceTime, Zoom or Skype to enjoy conversation or a meal together, particularly if you are celebrating with family members over the age of 65 or who are immune compromised and have underlying conditions putting them at greater risk of complications from COVID-19.
- Dine al fresco** — picnic in the back yard and maintain social distancing. Set up blankets or tables for those who live in the same household to sit apart from others. Use disposable tables and have one person who is wearing gloves dish up food onto plates — or consider purchasing boxed meals to reduce contact.
- Wash or sanitize hands frequently** — if you are dining in the backyard, set up a handwashing station with a garden hose and soap dispenser, also have hand sanitizer readily available. Remind everyone to sanitize their hands each time before eating or touching their face or mask.
- Wear face coverings or masks** — when not eating or drinking, keep your nose and mouth covered. Have a moist cloth or dust mask on hand.
- Take temperatures** — make sure that no one at your gathering has a fever or other symptoms of illness. If you are sick, please stay home and take care of yourself.
- Limit the size and length of time of your gathering.** The more people you have spending time together in close proximity — even in the outdoors — increases the risk of exposure.

Until there is a vaccine for COVID-19, hand washing, social distancing and wearing face coverings are the best ways to reduce spread of the virus. The best gift you can give this Father's Day is protecting your loved ones from contracting COVID-19. We urge you to celebrate safely because your health and well-being are important to us.

To that end, if you need emergency care please be assured that it is safe to get care at our emergency departments. We are taking extra steps to ensure your safety, so don't delay the care you need!

Take care and stay safe.

Logos for participating health systems: UCI Health, Cedars-Sinai, Hoag, Kaiser Permanente, Providence, Scripps Memorial Hospital, and others.

ALL OF UC'S PEDIATRIC HOSPITALS RECOGNIZED BY U.S. NEWS

Even through the pandemic, our hospital operations are recognized for excellence. U.S. News & World Report issued its [national rankings of children's hospitals](#) on June 16. All of UC's pediatric hospitals achieved rankings in multiple subspecialties. As a pediatrician, it thrills me that our smallest patients are receiving such high-quality care.

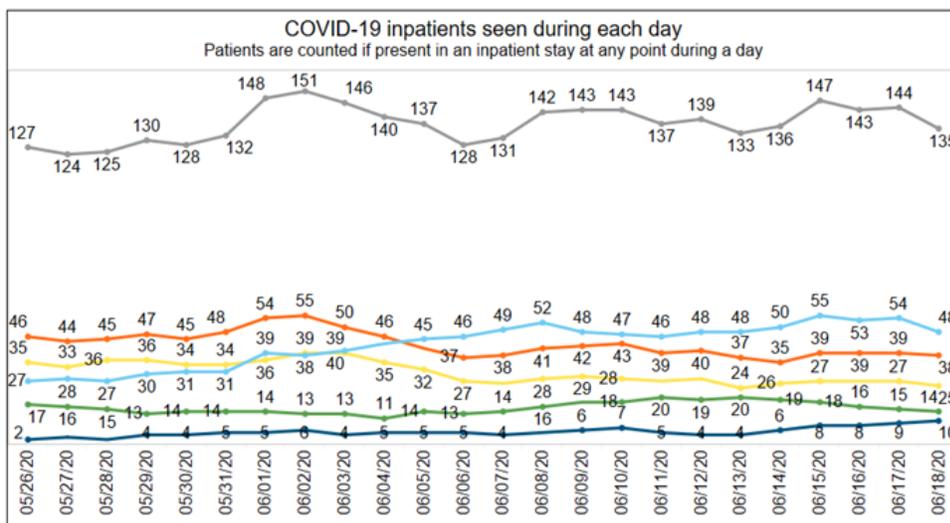
- UC Davis Children's Hospital was ranked among the country's best in four pediatric specialty care areas: neonatology, nephrology, orthopedics and urology. The orthopedics and urology rankings were awarded in collaboration with Shriners Hospitals for Children – Northern California, UC Davis Children's Hospital's longstanding partner in caring for children with burns, spinal cord injuries, orthopedic disorders, and urological issues.
- UCLA Mattel Children's Hospital, located within Ronald Reagan UCLA Medical Center, was recognized for its broad excellence in pediatric care in seven specialties: cancer, diabetes and endocrinology, gastroenterology and gastrointestinal surgery, orthopedics, neonatology, nephrology, and neurology and neurosurgery.
- UCSF Benioff Children's Hospitals in San Francisco and Oakland, located on opposite sides of the San Francisco bay, were evaluated jointly by U.S. News & World Report. Together they ranked among the top 20 hospitals in the country in pediatric cancer, diabetes and endocrinology, neonatology, neurology and neurosurgery, and urology. The hospitals also were recognized in five other pediatric specialties: cardiology and heart surgery, gastroenterology and GI surgery, nephrology, orthopedics, and pulmonology.



Two days after being born, Harper has a heart defect repaired at UC Davis Health.

Rankings are nice, but this is better: "When you ask what UC Davis Children's Hospital means to me, it's simple. It means Harper's life," said Jenneca, Harper's mom, remembering how Harper was [treated for a complex cardiac defect](#).

INPATIENT DASHBOARD ILLUSTRATES A HIGH PLATEAU



As of June 18, our hospitals have 135 inpatients with a COVID-19 diagnosis. For additional detail, please follow us on Twitter at [@UofCAHealth](#).

The daily updates include ICU and ventilator use as well as test volume and results.

SOME OF THE HEROES OF THE PANDEMIC



Top L: UCLA's [Dr. Clara Lajonchere](#) has been elected chair of the California Precision Medicine Advisory Council.

Top R: Heart/Lung transplant candidate [David Reynoso at UC San Diego Health](#) marries the love his life, Vicky.

Middle L: New grad [Dr. Melissa Rios](#) vows to use her dual degrees from UCLA's health schools to make a difference.

Middle R: Congratulations Sheri & Robert, married in UCSF's ICU. "[We've always wanted to get married.](#)"

Bottom L: Dr. Jenna Lester noted [articles about COVID19's effect on skin used photos of white skin](#), which could negatively impact diagnosis & care for people of color.

Bottom R: UCI Health's Sanam Shirzadegan, RN, develops [workplace safety measures](#) so patients can continue necessary care through the pandemic.

IN CLOSING



As I mentioned at the HSC meeting, we find ourselves at an unexpected place – a plateau.

We have been able to flatten the curve substantially but not eliminate transmission.

The majority of our state's population, likely 96-98%, remains susceptible to COVID-19.

As we begin to loosen restrictions and interact more in person, we will see additional cases and outbreaks.

On this plateau we need to reframe our approach. The pandemic is moving from an acute to a chronic condition that we will need to actively manage while remaining constantly prepared for exacerbations or surges in case counts.

Pandemics are great revealers and uncover the strengths and weaknesses in society, organizations, and people. The emergence of SARS-CoV-2 has been a revelation both good and bad in the U.S. and around the world. We have seen the fragmented infrastructure in the U.S. for both health care coverage through insurance and health care delivery. The crushing health disparities endured for generations by the marginalized populations in the U.S. have been starkly revealed by COVID-19. We do not have an equitable health care system or even a system, but we long for one.

Periods of pandemic may also reveal what is best or necessary and beg for change and reflection on what will be left behind and what can be re-made in the future. **The return to the *status quo* should not be our goal.** These times are a clarion call for a mindset not just of re-building, but a more expansive vision of remaking.

Our values and our people, including our patients and employees, are what makes UC Health a national leader. We will bring these strengths forward as we consider how to innovate. We will push through layers of individual and institutional discomfort, so that instead of working to 'return to normal,' we will be forging a 'new normal' — one that is more accessible to all. **In doing so, UC Health has the opportunity to be the health system of California.**

With the changing pandemic, we will adjust the frequency of these updates. I will plan to update the Regents twice a month on the 2nd and 4th Fridays. I wish you a happy and safe July 4th weekend and will be back to update you on July 10.

With Gratitude,

Carrie L. Byington, MD
Executive Vice President
UC Health