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**Subject:** DOM COVID Communication  
**Date:** Thursday, March 26, 2020 7:44:13 PM  
**Attachments:** [OOS Telehealth Implementation Guidelines 2020-3-26 FOB 2020 03-26.docx](#)  
[High Volume State Analysis - Telehealth Licensure - 2020 03-26.docx](#)

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Greetings.

I want to communicate a few things you need to know.

- **Clinical:** the number of COVID patients at UCH has increased in number and the intensity of their illness is much more severe
  - Patients under investigation = 53 (48 yesterday)
  - COVID+ patients = 32 (22 yesterday)
    - Medical floors = 16 (13 yesterday)
    - Medical ICU = 16 (9 yesterday)
      - Mechanical ventilation = 13
      - ECMO = 1
  - ID, Hospital Medicine, and our MICU teams have deployed additional teams of physicians to care for COVID patients
  
- **Telehealth (see attachments):** Over the last few days there has been some confusion about virtual care for patients that live outside the state of Colorado. Previously there were clear guidelines from HHS and state agencies that interstate Telehealth can only occur and be billed for if the provider is licensed in the state where the patient is physically located and care is in compliance with the rules and regulations of that state. On March 13th Alex Azar (secretary HHS) released an emergency declaration part of which stated that CMS would now support and pay for interstate virtual visits and telehealth. This does not supersede the regulations and laws of our adjacent states and their medical boards. With very few exceptions, providers need to be licensed in the state where the patient is physically located. The CMS lift refers to billing only and even then only for Medicare. While DORA may have language that address this for current patients, this is only relating to Colorado regulations only and do not supersede medical boards of other states. Each state board must lift the licensure requirement and in assessing the states around Colorado, only Wyoming has lifted some restrictions related to specific service lines with restrictions. Providers should refrain from practicing via telehealth in states where they are not licensed.
  
- **Research:** there is too much use of the RC1 and RC2. Only emergency and critical access personnel should be using these facilities. **Contribute to stopping the pandemic by staying home.**
  
- **Protect your family from inadvertent exposure to coronavirus:**
  - New scrubs every day
  - No white coat/tie/jewelry
  - Disinfect phone, id badge, keys
  - Keep stethoscope at work or in plastic bag
  - Work shoes/home shoes – change shoes in car
  - There are [CDC Prevention Protocols](#) for more info
  - Also, please respond to the survey from the SOM ([https://ucdenverdata.formstack.com/forms/som\\_covid19\\_personal\\_hoteling\\_interest\\_form](https://ucdenverdata.formstack.com/forms/som_covid19_personal_hoteling_interest_form)) and let them know whether you're interested in easy access to showers/changing clothes

before going home options for use of local hotels

- **Medical Grand Rounds: April 1 (12-1); via zoom – <https://ucdenver.zoom.us/j/931242507>**
  - COVID-19: Challenges, Opportunities, and Unknowns
  - Presented by: Drs. Jon Samet, Eric Poeschla, Steven Johnson, and Tom Campbell

Every day we face new challenges that test our dedication and define who we are as a profession. Seeing our faculty, trainees, and staff respond to this crisis brings me a great deal of pride. I feel privileged to work with all of you to combat the disease of our lifetime. Please let me know your thoughts, stay connected, and stay well. My very best wishes.

David

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