COVID:

Living with long COVID-19

In the weeks after she tested negative for COVID-19, Rodriguez knew something was wrong. She wasn't getting better.

She had developed high blood pressure and began to lose her eyesight. Migraines settled in. A searing pain had developed in her legs when she would walk. She was growing much sicker, but it was difficult to find a doctor who could tell her what was going on.

For her migraines, doctors initially prescribed hydrocodone, which she took three times a day. She hated the opiate. It left her in a haze for more than a month. She would take up to five naps a day, and her children had difficulty waking her up.

Her pharmacist prescribed Narcan in case of an emergency where she didn't wake up. She didn't want her children to use it, so she put the note above her bed for her kids to call 911. The Narcan still sits on the nightstand beside her bed, just in case.

"There were times I didn't think I would live," she said. "I told my husband, 'I know it's COVID-19, but if I die, I don't want you to wait to have a funeral. I want my family to be there. I want everybody to be there.'"

Eventually, a doctor at CHI St. Anthony in Pendleton diagnosed her with long COVID-19. In the months to come, doctors would diagnose her with a variety of other illnesses, including Meniere's disease, a rare disorder of the inner ear known to cause vertigo and tinnitus.

Initially, Rodriguez only struggled to hear with her right ear. During the past month, she's begun losing hearing in her left ear, too. It sounds like being submerged underwater, she says. When the tinnitus is at its worst, that sound becomes an electric screech.

The vertigo became a day-to-day struggle for Rodriguez. Standing to talk or get a glass of water, the room would spin and she would collapse or walk into doorways.

"Those were dark days," she said. "For me and my kids."

Amid the brain fog, she began to forget things, including the names of her own family members. One night she left her garden hose on and turned the lawn into a swamp. Another night she told her children to wash their feet for dinner. On Thanksgiving, she put half a cup of salt in the pumpkin pie. She said it tasted terrible, but her kids still ate it.

"I'm grateful now if I can make my kids brownies or cook them dinner without it tasting horrible," she said.

One step at a time

Since starting physical therapy in April, things have slowly gotten better for Rodriguez. She does exercises at home with her daughter, Adriana. Her family supports her, with her mother taking her to doctor's appointments and her husband sometimes taking days off work.

Before she fell ill, power walking the Pendleton River Parkway along the Umatilla River through Pendleton was one of Rodriguez's favorite things to do. She could easily walk the 2.5-mile path every day. In April, she set out with the simple goal to walk that distance again.

At first she couldn't walk further than a single block. Her legs would burn. She would feel pressure in her ears and a sensation pulling her to the ground. But she listened to her body, and each day she set out to move a bit further. After five months of effort, she can finally walk more than a mile.

"When I started to get active, I realized that I could take control of my life again," she said.

Her daughters trade off joining her on the walks along the river. They were recently vaccinated against COVID-19, the oldest at Wildhorse Resort and Casino and her two youngest at the Pendleton Farmers Market.

"I actually cried watching my kids get the vaccine," she said. "It actually is hope for me. Like this is going to end and that they won't end up catching it and have horrible things like this happen."

The moment was a promise of a future Rodriguez was once unsure she would have. She's come to accept her life with the illness, and appreciates her walks by the river more than ever before.

"I know I'm not going to die now," she said. "I know that. I have bad days where I hurt more than I've ever hurt in my entire life. But I know I'm going to keep going, and I'm going to get up and keep going through the day."

Elementary students wear masks and sit in alternating desks on Feb. 2, 2021, during in-person instruction at the Echo School. The state of Oregon will require students and staff to wear masks indoors when school returns in the fall, Gov. Kate Brown announced Thursday, July 29.

Masks:

Tricia Mooney, the superintendent of the Hermiston School District, sounded slightly more optimistic, but said the community would need to come together to support students. Mooney said young students needed to be able to view mouths to build language skills and it was her hope that case rates would fall enough that the district would be able to make masks optional again.

Given the contentiousness surrounding masks, Pendleton Superintendent Chris Fritsch anticipated facing some sort of public pressure even if Pendleton maintained its optional mask policy.

"We are in a difficult situation either way," he said.

With COVID-19 case rates continuing to rise, both Fritsch and Mulvihill were concerned about the impacts large local events could have on schools. After moving most of its activities virtually last year, the youth-friendly Umatilla County Fair is returning on Aug. 11, only a few weeks before many schools will be reopening for the year. The Pendleton Round-Up also is scheduling its return for the second full week of September, a week the Pendleton School District traditionally takes off to give students a chance to volunteer at the rodeo or enjoy the festivities.

Thanks to extra funding from federal COVID-19 relief stimulus, many local school districts bolstered their summer school programs. According to the Oregon Health Authority, Pendleton and Hermiston reported only one student case each. Mooney said Hermiston did see an uptick in new cases toward the end of summer school, but she attributed it to community spread rather than summer school itself.

While schools were closed for a significant portion of the 2020-21 school year, cases did start to creep up once in-person instruction resumed in the spring. Hermiston reported 39 student cases while Pendleton documented 26.

While the governor issued orders reinstating the mask rules in schools, it will be the Oregon Department of Education that will be charged with writing the actual rules. Local administrators are still looking for clarification on whether staff will be required to wear masks and if there are any other additional requirements that will be reintroduced.

Masked students walk to their classes on Feb. 22, 2021, the first day of in-person instruction at Washington Elementary School in Pendleton. When Oregon K-12 students and staff return to school in the fall they will be required to wear masks indoors, Gov. Kate Brown announced Thursday, July 29.

Medical procedures can vary in price by hundreds or thousands of dollars between hospitals. David Bittner, vice president and chief revenue officer at Trinity Health, which own St. Alphonsus Medical Center-Baker City, pictured here, says patient variables contribute in big ways to price differences.

Prices:

Tonsil removal, another common procedure, costs between $8,018 and $10,281 at Grande Ronde, while an hour drive northwest to CHI St. Anthony Hospital in Pendleton the procedure runs from $6,740 to $7,295.

Hospitals argue that each patient is different, and the care they receive is indicative of the unique challenges diagnosing and treating patients.

"You might go in thinking that it's a $20,000 inpatient surgical procedure and then you might get a bill for $40,000 because you have implantables, pharmacy, ultrasounds and the like," said David Bittner, vice president and chief revenue officer at Trinity Health, which owns the St. Alphonsus chain of hospitals in Eastern Oregon and Idaho.

But even procedures that offer little variation in execution can have dramatic variations in price.

An MRI for the head and spine costs $217 at Good Shepherd in Hermiston, according to the All Payers, All Claims data. That same procedure would cost $2,306 at Grande Ronde Hospital.

"There appears to be no rhyme or reason behind how hospitals price their procedures," said Jeremy Vandehey, director of Health Policy and Analytics at OHA. "A normal birth with no complications," Vandehey continued, "can vary a lot; so one hospital may charge $5,000 while another charges $15,000."

That remains true for several other procedures as well, and it's especially true in Eastern Oregon, where Type A hospitals — hospitals that are more than 30 miles away from each other — are typically the only source of health care for rural residents.

"When you have several payers competing for one hospital, they become price takers," Vandehey said.

Market power

The intended effect of price transparency was to introduce healthy competition to a marketplace that had long been shrouded in secrecy. But Rajiv Sharma, a health economics professor at Portland State University, said market power plays a big role in pricing.

"If insurance companies are faced with one or two big hospital chains, then they don't have very much negotiating power," she said. "That's true in rural areas where there is only one hospital."

And without that market power, hospitals have no incentive or need to lower their costs. But if price transparency doesn't have the ability to lower prices, then what entity or law could?

"The way that health insurance has been lowered has been through negotiation with powerful entities, such as Medicare or Medicaid," Sharma said.

For the average consumer, Sharma admitted, the ability to influence prices of health care is low, and the patients mostly rely on their physician to make choices for them regarding their health care.

"(Health care prices are) very inelastic because your life and your health is at stake," Sharma said, "and because consumers rely on professionals rather than their own judgement to make choices."

Succinctly, a patient who needs an appendectomy isn't likely to spend their precious time deliberating over prices when their life is in danger — they'll go to the nearest hospital and face the consequences of payment later.

But for other procedures, such as diagnostic testing, the outcome isn't as clear; even less clear is the notion that consumers would use price transparency to their advantage.

"There is a lot of chatter about, 'Oh, if I knew about the price I would actually price-shop,'" said Atul Gupta, an assistant professor of health care management at University of Pennsylvania during a university podcast on health care transparency. "The evidence suggests that a very small fraction of people who have that tool available to them actually use it."

"Price transparency is a great concept in principle," Sharma said, "but is incredibly hard to implement in practice."

Following the laws

Most hospitals in Eastern Oregon follow the laws regarding price transparency — all hospitals in the region have price comparison tools readily available to patients on their web portals allowing them to compare prices between typical procedures. Compliance with the full extent of the law, however, is less than ideal.

Out of the seven hospitals that serve most of Eastern Oregon, only four follow the second requirement of the transparency laws, and completely forgo a machine-readable file.

And the consequences for ignoring the law are minor; the Centers for Medicare and Medicaid Services, which oversees the price transparency laws, is allowed to fine hospitals up to $300 per day for noncompliance. For a full year, this works out to just more than $100,000. CHI St. Anthony Hospital in Pendleton, in comparison, on its 2020 tax form reported revenue exceeding $18.7 million.

CMS officials are proposing to stiffen those fines to a minimum civil monetary penalty of $300 per day that would apply to smaller hospitals with a bed count of 30 or fewer, according to the center, and apply a penalty of $10 per bed per day for hospitals with a bed count greater than 30, not to exceed $5,500 per day.

That would raise the maximum penalty for noncompliance to just above $2 million. But even with a heavy fine, some hospitals are unsure about what that machine-readable file would entail, and whether or not that information would be of particular usefulness to analysts and app developers.

"The challenge with the machine-readable files is that the definitions of those are different depending on the hospital," Bittner of Trinity Health said. "Without common definitions, then the comparability of that information is significantly lacking."

Information overload

Further, Sharma contended that for the average health care consumer, price transparency is rendered nearly ineffective due to the volume of information required to make informed choices regarding care.

"The informational requirements on patients is enormous," Sharma said. "Even if you had perfect price transparency, and even if that transparent price was incredibly well customized, there is still so much uncertainty regarding exactly what would be required, that it would be difficult to sort through these possibly hundreds of price combinations for the five or six hospitals that are reasonably available."

Bittner said hospitals in the Trinity Health system, such as St. Alphonsus in Baker City, are working toward increasing price transparency across the board to help its members become better informed about the prices they pay for services.

Whether or not price transparency will help lower costs, however, remains the question.