

SESSION 3

LEVERAGING DATA TO IMPACT THE DESIGN OF SYSTEMS FOR CLINICIAN WELL-BEING



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Coping with COVID-19 for Caregivers



Christine A. Sinsky, MD

Vice President of Professional Satisfaction
American Medical Association



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Caring for the Caregivers during COVID

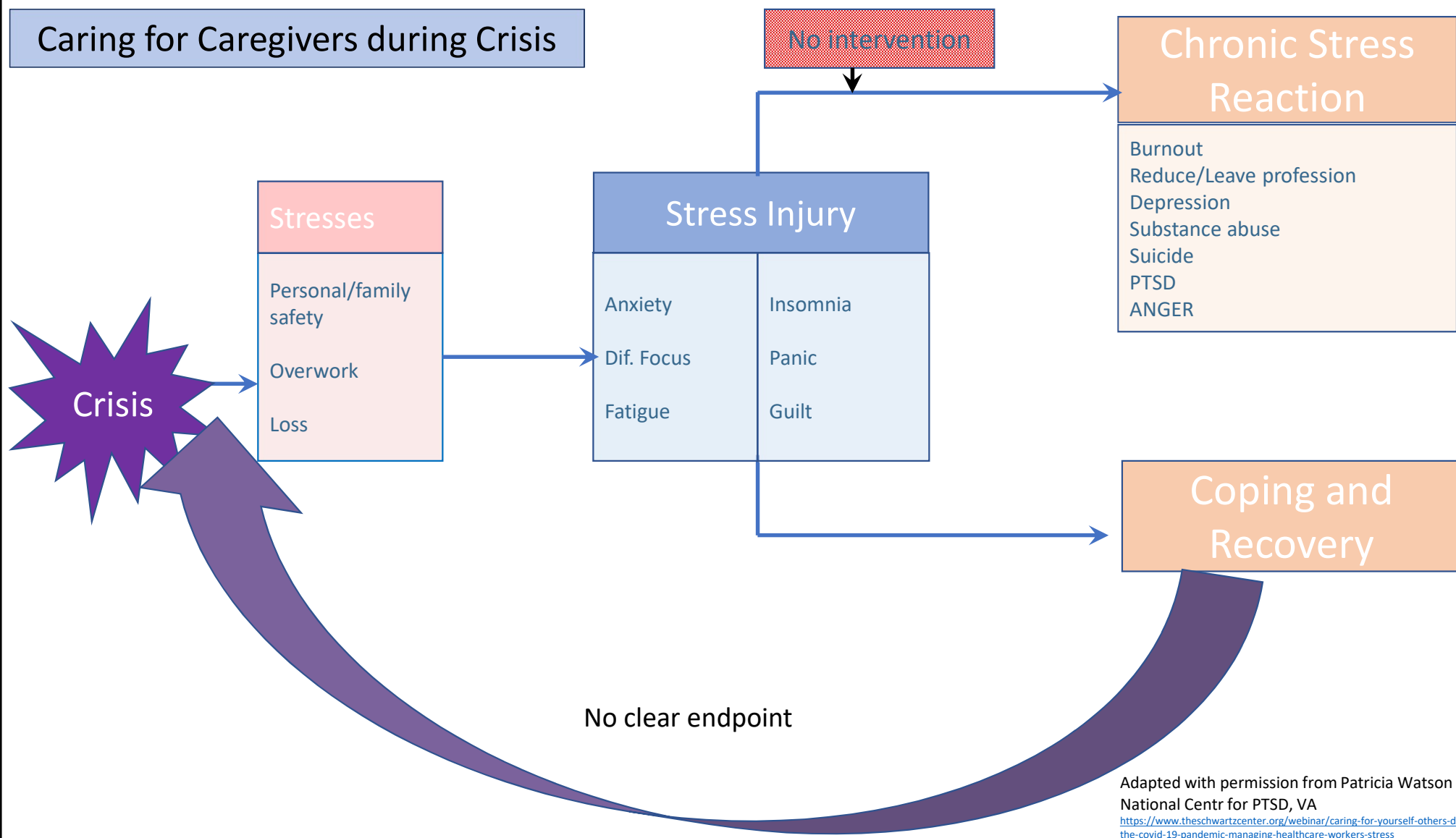
National Academy of Medicine
1:00p -1:10p CT
Christine A. Sinsky, MD FACP
VP, Professional Satisfaction
Oct 28, 2020

Agenda

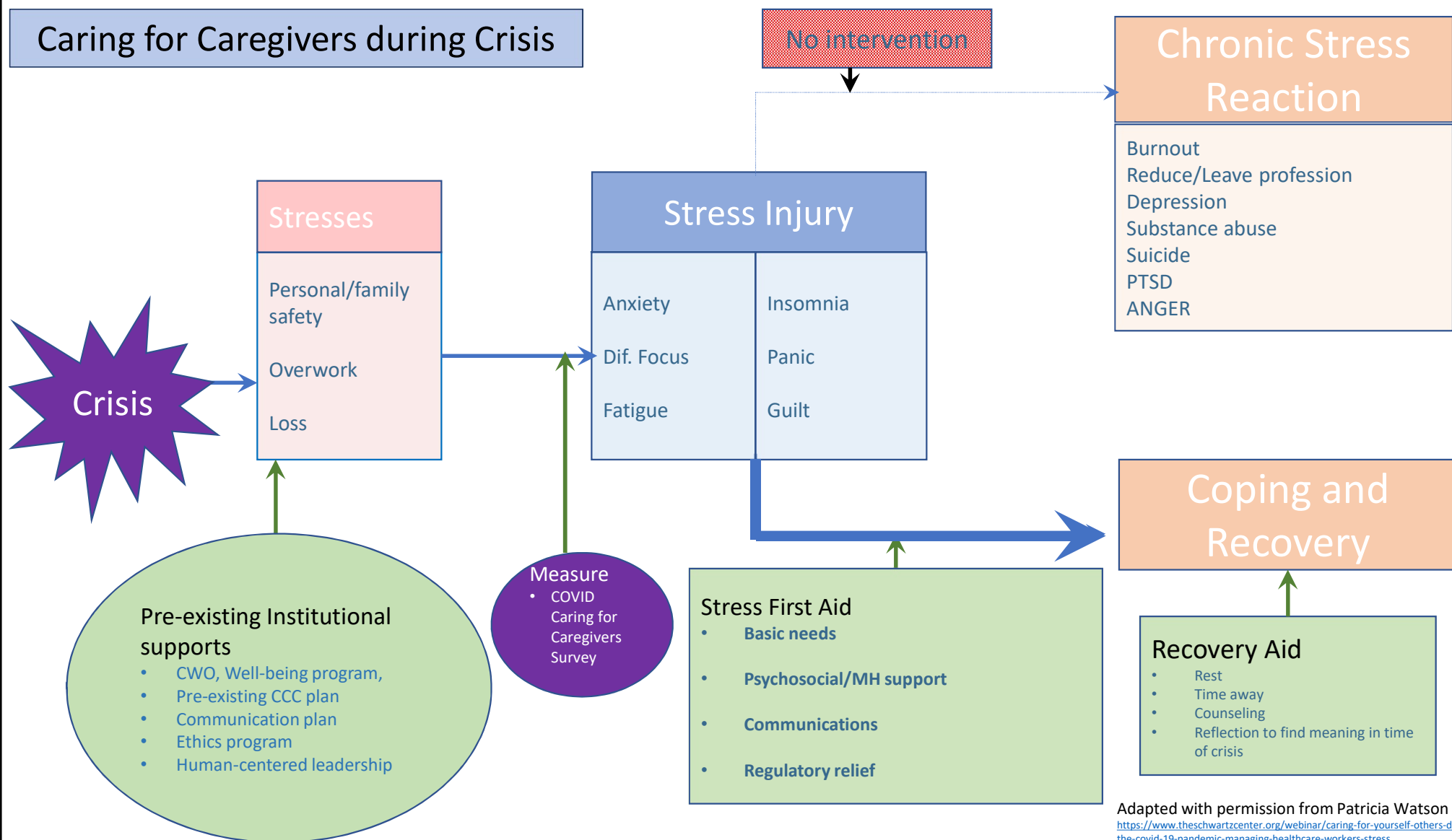
- Caring for Caregiver **model**
- Coping with COVID **survey**
- Steps Forward **toolkits**



Caring for Caregivers during Crisis



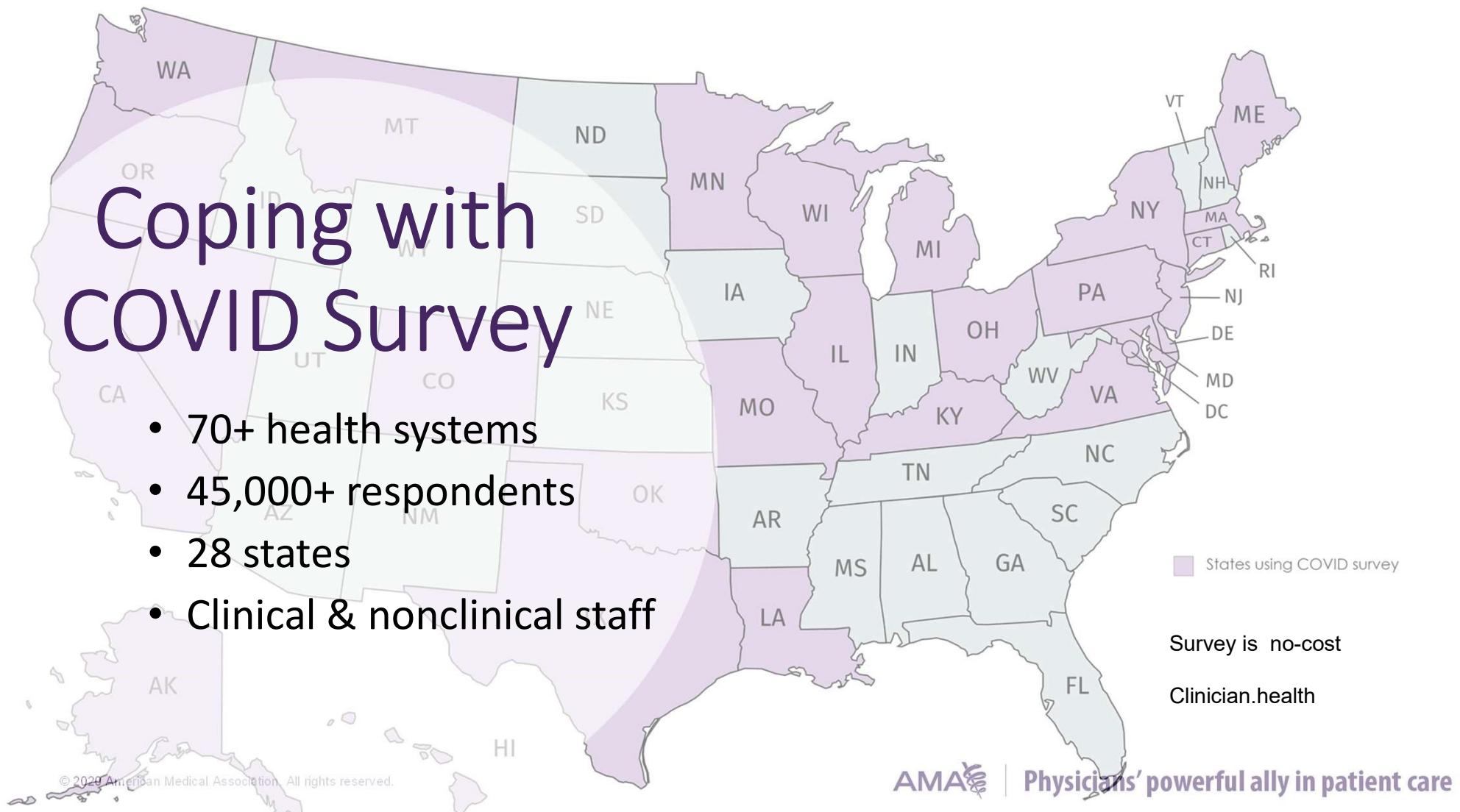
Caring for Caregivers during Crisis



Adapted with permission from Patricia Watson
<https://www.theschwartzcenter.org/webinar/caring-for-yourself-others-during-the-covid-19-pandemic-managing-healthcare-workers-stress>

Coping with COVID Survey

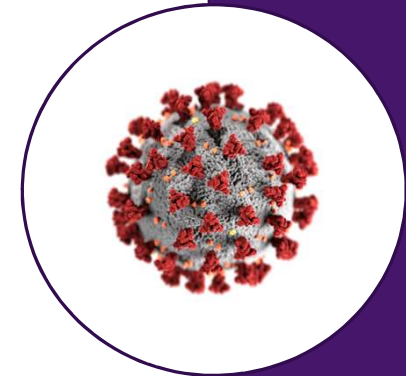
- 70+ health systems
- 45,000+ respondents
- 28 states
- Clinical & nonclinical staff



Findings

- Fear of exposure is high (>60%)
- Anxiety and/or depression also high (> 1/3)
- Stress highest: nursing assistants, housekeepers and nurses
- Stress also high: persons of color

30K Cohort April 6- Oct 1

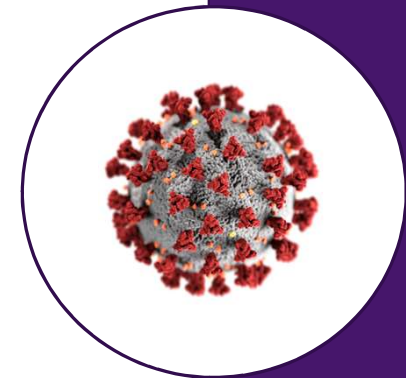


Findings

- Workforce implications
 - 20% intent to reduce w/in 1 year*
 - 30% intent to leave w/in 2 years*

30K Cohort April 6- Oct 1, 2020

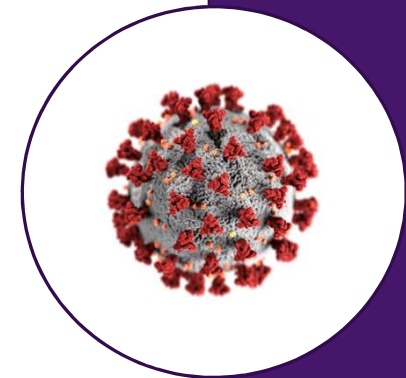
*moderately likely to definite



Findings

- Protective factors
 - Feeling valued by organization
 - Strong sense of purpose

30K Cohort April 6- Oct 1




Findings

Top themes from free text

1. Financial and job security
2. Lack of PPE
3. Communication
4. Re-ignited passion for healthcare
5. Peer-to-peer support

10K Cohort April 6- June 1



"As hard as this time has been, I feel like it's what I signed up for when I became a nurse. I have felt a really important sense of belonging. **I feel like I'm making a real difference.**"
[nurse]

StepsForward.org

Caring for the Health Care Workforce During Crisis

Creating a Resilient Organization



Creating the Organizational Foundation for Joy in Medicine™

Organizational changes lead to physician satisfaction



Getting Rid of Stupid Stuff

Reduce the Unnecessary Daily Burdens for Clinicians



StepsForward.org

0.5 Credit CME

Team Documentation

Improve Efficiency, Workflow, and Patient Care



0.5 Credit CME

Daily Team Huddles

Boost Practice Productivity and Team Morale



0.5 Credit CME

Team Meetings

Strengthen Relationships and Increase Productivity



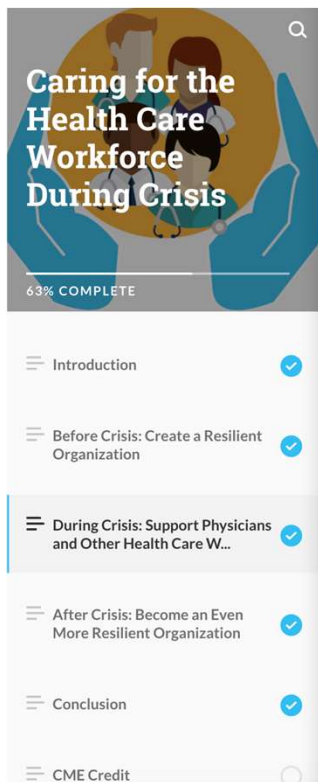
0.5 Credit CME

Pre-Visit Laboratory Testing

Save Time and Improve Care



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Explore real-world examples of ways to restore joy in medicine, improve workflow, and save time.

- [Establishing Emotional Support for Clinicians in Times of Crisis](#)
- [Mechanisms to Alleviate Primary Care Burden During Crisis](#)
- [Easing Physician Distress With Peer Support](#)
- [3 Focus Areas for Physician Well-Being During Crisis](#)
- [Tactics to Prioritize Physician Well-Being During a Pandemic and Beyond](#)
- [Multi-Pronged Well-Being Interventions Offer Support During Crisis](#)
- [Embracing Family Needs Supports Physician Well-Being](#)
- [Long-Term Well-Being Resources to Account for PTSD](#)
- [Quick Pivot to Telemedicine in Primary Care](#)
- [Virtual Gatherings Build Moral Resilience During Crisis](#)
- [The Power of Peer Support During a Pandemic](#)

You can browse [our full list of Success Stories](#) or find more within each individual module.

Want to share your own Success Story? Click [here](#).

A photograph of a dirt path winding through a dense forest of tall, thin trees. Sunlight filters through the canopy, creating a bright, hazy glow in the center of the path. The ground is covered in fallen leaves and green undergrowth.

Our people are the
key to our success.

Well-being is the key to theirs.



Office of Professional Well-Being

 Ochsner Health

Confronting Racial Disparities Perpetuated by Structural Racism during COVID-19



Beverly Malone, PhD, RN, FAAN
President and Chief Executive Officer
National League for Nursing



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Comparative Statistics Between Blacks and Whites

	White	Black
Poverty rate ¹ , 2019	7.30%	15.70%
Median household income ² , 2019	\$76,507	\$45,438
Unemployment rate ³ , Oct 5, 2020	7.90%	13.20%
Prisoners per 100,000 Adults Ages 18 and Older in Each Group ⁴ , 2018	268	1501
Infant mortality rate per 1000 live births ⁵ , 2018	4.6	10.8
Life expectancy in years specified at birth ⁶ , 2017	78.5	74.9

¹Data Source: (<https://www.census.gov/library/stories/2020/09/poverty-rates-for-blacks-and-hispanics-reached-historic-lows-in-2019.html>)

² Data Source: <https://www.census.gov/library/stories/2020/09/poverty-rates-for-blacks-and-hispanics-reached-historic-lows-in-2019.html>

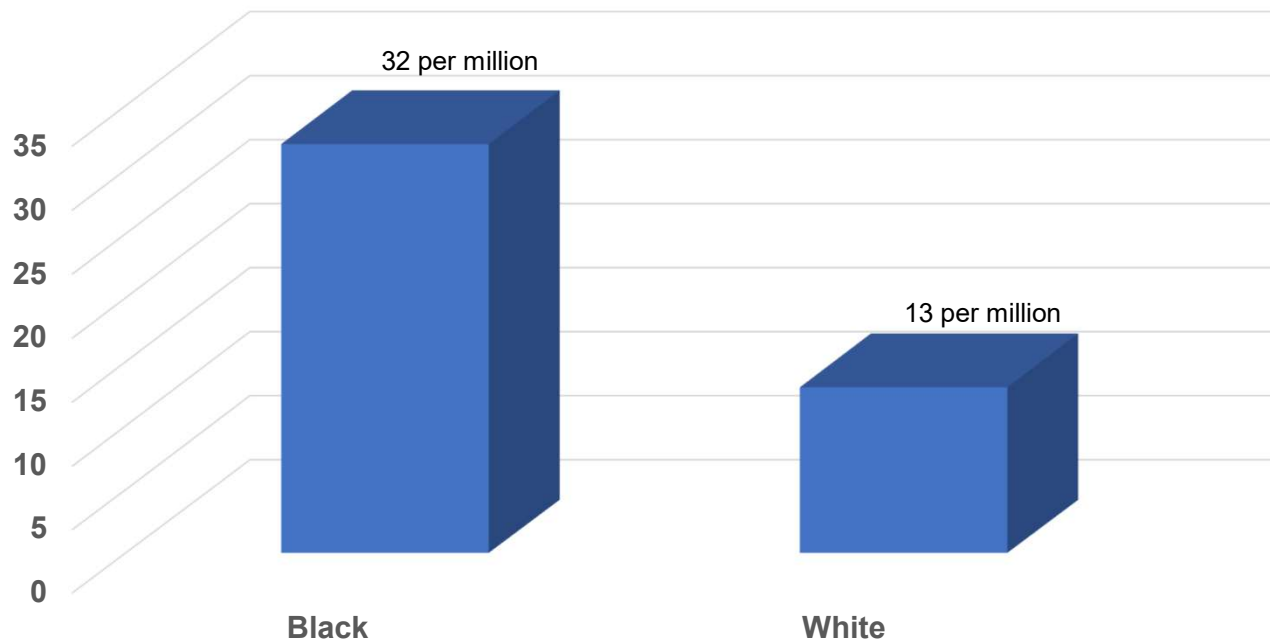
³ Data Source: (https://www.bls.gov/web/empsit/cpsee_e16.htm)

⁴ Data Source: (<https://www.pewresearch.org/fact-tank/2020/05/06/share-of-black-white-hispanic-americans-in-prison-2018-vs-2006/>)

⁵ Data Source: (<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>)

⁶ Data Source: (<https://www.cdc.gov/nchs/data/hus/2018/004.pdf>)

Rate of Police Killings Comparison between Blacks and Whites As of October 8, 2020



Data source: <https://www.washingtonpost.com/graphics/investigations/police-shootings-database/>

Race and ethnicity are risk markers for other underlying conditions that impact health

- including socioeconomic status,
- access to health care,
- and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

Source: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

Rate ratios compared to White, Non-Hispanic Persons	Black or African American, Non-Hispanic persons
Cases ¹	2.6x higher
Hospitalization ²	4.7x higher
Death ³	2.1x higher

¹ Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html> , accessed 08/06/20).

Numbers are ratios of age-adjusted rates.

³ Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm> , accessed 08/06/20). Numbers are unadjusted rate ratios.

The Financial Pressures of COVID-19 on Hospitals and Health Systems



Elisa Arespacochaga, MBA
Vice President of Physician Alliance
American Hospital Association



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**American Hospital
Association™**

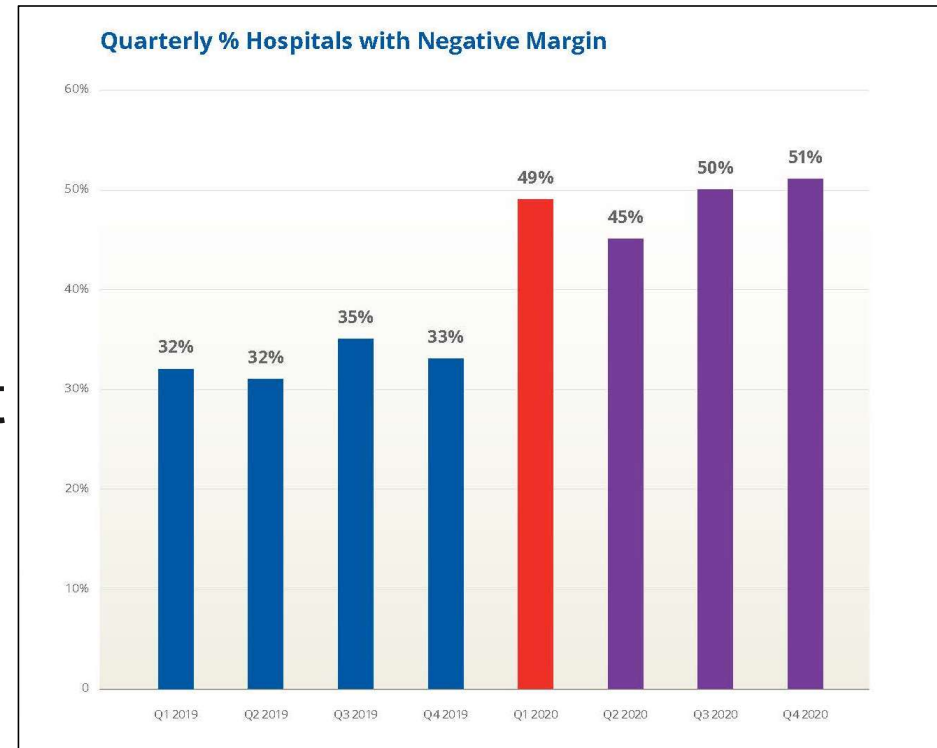
Advancing Health in America

COVID-19 Financial Impact

National Academies of Medicine
Coalition for Clinician Well-Being
October 27, 2020

Landscape

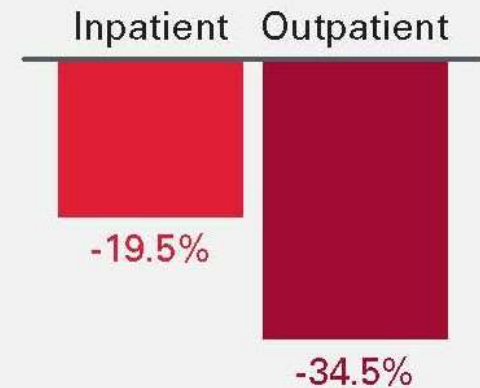
- Before COVID-19, one-third of hospitals operated in the red
- Medicare and Medicaid historically pay less than the cost of providing care
- COVID-19 is greatest financial threat for US hospitals



The Challenge

- Surge preparedness
 - PPE
 - Staffing
 - Supporting teams
 - Infrastructure needs and upgrades
- Shutdowns/slowdowns
- Rising uninsured

Hospitals' and Health Systems' Average Reductions in Volume from Baseline



Losses

Projected Losses to Hospitals and Health Systems in 2020

Projected Losses

March-June 2020
\$202.6B

July-December 2020
\$120.5B

Total Losses
\$323.1B



Hospitals and Health Systems Face Unprecedented Financial Pressures Due to COVID-19

Introduction

America's hospitals of COVID-19. As outminimize the virus' bed capacity, and dhealth of other pati

These challenges hhave cancelled nonstop the spread of t and supplies as the patients. At the san of uninsured. And v heroic efforts, man supporting them by

Hospitals and healt American Hospital challenges. Includin

- the effect of
- the effect of
- the additional
- the costs of t

This report attempt month period from month financial in \$50.7 billion per m

Although the feder hospitals were well hospitals were alre government payers hospitals could hav support health care

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Hospitals and Health Systems Continue to Face Unprecedented Financial Challenges due to COVID-19

Introduction

The COVID-19 pandemic continues to take a heavy toll on America's healthcare infrastructure. While some parts of the country have started slowly phasing out stay-at-home orders and other restrictions, hospitals and health systems remain on the frontlines of this pandemic. Experts have warned that the recovery pace for hospitals and health systems will be slow. Moratoriums on non-emergent procedures are in place, and a number of states continue to report increasing numbers of new infections since the start of the pandemic. Inpatient and outpatient services, all of which can impact hospital

Driving these reductions in volume are the costs borne by hospitals related to COVID-19 testing, equipment. The American Hospital Association's report on hospitals and health systems from March and June 2020.¹ However, the continued and increasing COVID-19 cases, as patients are hospitalized, which results

To understand better the continued impact of COVID-19, the AHA conducted a survey of hospitals and health systems. The report describes the results of the survey, including the financial impact of reduced hospital volume, assuming that patient volumes return to baseline as patient volumes grow. Base

Hospitals and health systems report a 34.5% decrease in inpatient volume and 34.5% decrease in outpatient volume.

The AHA estimates an additional \$50.7 billion in losses per month. These estimates for March 2020 and June 2020 based on the survey data are at least \$323.1 billion.

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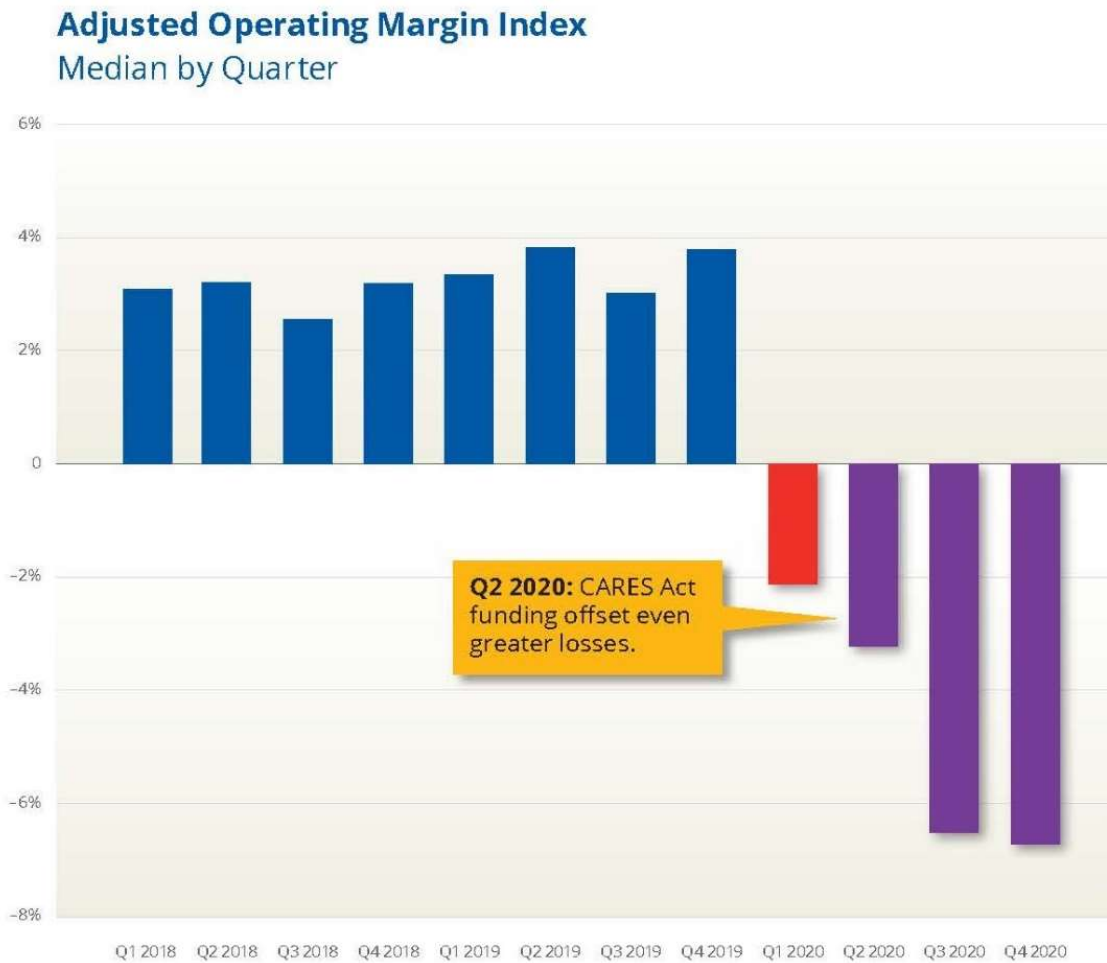


The Effect of COVID-19 on Hospital Financial Health

KaufmanHall
Exceptional Partners. Exceptional Performance.



Losses



Hospital Losses Compared to CARES Act and PPP Provider Relief Fund

If current surge trends continue, hospital losses will be even greater.



Sources: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html>; <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/data/index.html>; AHA estimates using Medicare Cost Reports, CMS Provider Specific Files, Provider of Services Files, and other public use files. The \$70B figure includes payments that hospitals and health systems received, or expect to receive, from the general distribution, and the targeted allocations to providers in high impact areas, rural providers, skilled nursing facilities, tribal hospitals, clinics and urban health centers, and safety-net providers. Does not include the HHS-announced Phase 3 General Distribution of \$20B.

*The \$175B in total relief funds available come from \$100 billion allocated through the CARES Act and an additional \$75 billion from the Paycheck Protection Program and Health Care Enhancement Act.

**All providers include hospitals as well as physicians and other practitioners, pharmacies, clinics, laboratories, testing and imaging facilities, etc.

From the Frontline



HOSPITALS FACE FINANCIAL CHALLENGES DUE TO COVID-19

The Loretto Hospital | Chicago, IL



HOSPITALS FACE FINANCIAL CHALLENGES DUE TO COVID-19

Kittitas Valley Healthcare | Ellensburg, Wash.



HOSPITALS FACE FINANCIAL CHALLENGES DUE TO COVID-19

UR Medicine Thompson Health | Canandaigua, N.Y.

On March 22, New York had 15 times more COVID-19 cases than any other state. Gov. Andrew Cuomo ordered the cancellation of all so-called elective surgeries in the state as the number of COVID-19 cases continued to rise.

"We just shut everything down," said Michael F. Stapleton Jr., president and CEO of UR Medicine Thompson Health, a nonprofit health care system, which provides care for 165,000 residents of Upstate New York's greater Finger Lakes area and is the largest employer in Ontario County. "There were no more surgeries, no more diagnostic procedures. And that was a huge impact because 80% of all surgical cases

a cost-of-living increase to a nurse who three months ago wondered if she was going to transmit the virus to her kids, her husband or die, it's horrible," Stapleton says. Congress could help by providing support for child care, housing, transportation and education benefits for hospital workers; bonus pay for hospital workers; and a compensation fund for COVID-19 health care workers and their families.

During preparations for the COVID-19 surge, patients were still coming in through the ED. "Our normal ED volume is 90 patients a day" Stapleton says. "We were still seeing 45 patients a day in our ED, but our surge

measures, Kittitas Valley's 2020 4% operating margin, which was performance, has turned into a will strain the hospital's finances.

ff on our original 2020 net revenue million. We live on a small margin hospital that last year generated \$83 e. This situation has pushed back a

utpatient surgery has not come back, but inpatient occupancy remains between 75% and 80% due patients with comorbidities and nursing home transfers. "Because we are the 911 for four nursing homes, we've been seeing a steady increase in transfers from nursing homes both COVID-19- and non-COVID-19-related," says Miller. "These patients are very, very sick and use a lot of resources."

because of well documented inequities in health care, many Black people have co-morbidities and lack



Moderated Discussion



Steve Singer, PhD

Vice President of Education & Outreach
Accreditation Council for Continuing Medical Education



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