As COVID-19 continues to spread across the country, it has taken a toll on physicians and their teams. During this stressful time, it is important for health systems and organizations to create an infrastructure with resources that support physicians, nurses and care team members.

For Bellin Health in Green Bay, Wisconsin, that means readjusting their team-based care workflows and accounting for additional burden that may place on physicians, nurses and other health professionals who are taking on new duties.

The AMA provides helpful resources to care for caregivers during the COVID-19 pandemic, including how to redistribute the workload and institutional policies. The lists provide practical strategies for health system leadership to consider in support of their physicians and care teams during COVID-19.

“These are challenging, unprecedented times, but our health care system will rise to the occasion and will overcome these challenges,” said Robert Mead, MD, a family physician at Bellin Health in Ashwaubenon, Wisconsin. “Now more than ever, working together in new ways as teams will help ensure that success.”

Here are ways Bellin Health has identified challenges to their team-based care model while meeting the growing care needs during the COVID-19 pandemic.

**Address triage burdens**

The message to the community has been to “always call first and not just show up if symptoms develop.” However, that has created an extreme challenge for RNs with triage responsibility.

“We sent communication to our providers with recommendations of how to help, including avoiding routing anything to triage,” said Dr. Mead, adding that it is important to use “other team members...
when possible for work previously done by RNs and encouraging RNs to reach out anytime with questions since there are many uncertainties in our current situation.”

“We must work together as a team to provide the best possible advice and care for our patients,” he said.

Given the extreme triage demands, physicians and their medical assistants have stepped up to give more time for phone work for the RNs. Licensed practical nurses and certified medical assistants can also be deployed at the front of the clinic to screen patients for fever or respiratory symptoms.

**Reschedule healthy patients**

“We have to allocate the resources to where they’re needed,” said Dr. Mead. “Not all clinics will have personal protective equipment, and some will because we can’t spread it out to everybody. We have to commit to the clinics that are needed the most.

Certified medical assistants and licensed practical nurses continue to make calls to reschedule patients. In doing so, patients have been “extremely cooperative and understanding of the need to do this,” said Dr. Mead, adding that it has “led to a fast tracking of telephone and virtual visits to help fill needs.”

Through the implementation of telehealth services, Bellin physicians can continue to provide care for the patients who do not have COVID-19 or respiratory symptoms.

Learn more about Bellin Health’s respiratory symptom clinic and how it helps to slow the spread of COVID-19.

**Reach out for help with hospital staffing**

In times of need, physicians and other health professionals are rising to the occasion. Bellin continues to reach out to primary care physicians to help as volumes increase in hospitals.

For those who do volunteer, the challenge is getting up to speed with working in the hospital since clinical skills and hospital-related EHR skills may have eroded. Appropriate training based on need has been provided to primary care physicians and other team members as they volunteer.

“We ask for volunteers from people who want to do inpatient work or emergency department work and a number have stepped forward already,” said Dr. Mead. “Some we don’t need right now and some we’re using right now because we had a busy flu season, so those providers in the hospital are...
already working to their full extent and overextending.”

“We were already using some of the providers to help pick up the burden off of the hospitalists,” he said.

**Be aware of co-location challenges**

A key component of team-based care is the co-location of physicians and their teams. During the COVID-19 pandemic, the risk of one person in a co-location space developing symptoms and effectively sidelining the team is a small, but real risk. Trying to maintain distancing and thoroughly and frequently cleaning surfaces is prudent.

“For team-based care, you have to go backwards because co-location is not ideal right now. We need to distance ourselves in the clinic,” said Dr. Mead. “We have to practice what we’re preaching and we’re trying to find spaces where we can be separated from each other.”

Learn more about other ways Bellin is refining their team-based care plan in this time of crisis.

**Bring the community together**

Bellin has joined with other health systems across Wisconsin to meet regularly and present a unified front for the community. These daily meetings allow health systems to share standard messages about COVID-19 such as the importance of social distancing and the need to call before showing up at a facility if symptoms emerge.

“It’s going to take a whole community to fight this. If it’s about a competition, then everything goes out the window,” said Dr. Mead. “It is going to take not just the hospitals cooperating, but also the whole community getting together to show support.”

This community spirit has been seen in Wisconsin with people bringing needed supplies to hospitals and health systems. For example, construction companies have been providing masks and gloves to physicians and other health professionals during this current shortage of personal protective equipment.

“It’s been pretty amazing from that standpoint,” Dr. Mead said, adding that “we never thought about asking construction workers that work with asbestos if they have any N95 masks.”

The AMA and the Centers for Disease Control and Prevention (CDC) are closely monitoring the