How health system leaders are navigating the COVID-19 crisis

Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

AMA Chief Experience Officer Todd Unger speaks with President and CEO of Northwell Health Michael J. Dowling, President and CEO of Henry Ford Health System Wright L. Lassiter III and CEO of Marshfield Clinic Health System Susan L. Turney, MD, on updates regarding COVID-19 including how health system leaders are navigating the COVID-19 pandemic and supporting their physicians and health care teams.

Learn more at the?AMA COVID-19 resource center.

Transcript

Unger: Medical Association's COVID-19 update. Today we're talking with health system leaders about how they're navigating the COVID-19 pandemic and supporting their physicians and health care teams.

I'm joined today by Dr. Susan Turney, CEO of Marshfield Clinic Health System in Marshfield, Wisconsin, Wright Lassiter, President and CEO of Henry Ford Health System in Detroit, and Michael Dowling, President and CEO of Northwell Health in New York. I'm Todd Unger, AMA's Chief Experience Officer in Chicago.

While the situation remains very, very serious, we are starting to see some encouraging news out of New York and Detroit. Mr. Dowling, Mr. Lassiter, where are you in the trajectory and what are the challenges that your system and your physicians are facing right now?

Dowling: This is for me—we have plateaued about three or five days ago. It started the numbers coming in, hospitalization numbers started to level off, and they've continued to stay level. In fact, in

the last three days, they're reduced a little bit.

Our hospitals are still completely packed with COVID patients. Every single bed in our hospital is just COVID pretty much. But the numbers coming in are going down. The discharge is going out are increasing. Number of people on vents are going up a little bit because the sickest people are in the hospitals. But it's easier to manage it today than it was a week ago.

It looks good, and the challenges are always—we've been at this for a long time. It's about staffing. The right constellation of staff, making sure staff morale is high. On PPE, we're okay. That's not an issue right now. But constantly worry about the morale and the stress that the staff are under, and I've been out at all of the hospitals all of the time meeting with the staff, which is important to do right now.

Unger: Mr. Lassiter.

Lassiter: Yeah. So in Detroit, the story is somewhat similar. Obviously we don't have the volume of patients that suffer from COVID-19 as New York City, but Michigan has been third. I think now we've dropped to fourth in terms of number of cases. Southeast Michigan has clearly been hit the hardest. So we have about 29,000 cases across the entire state of Michigan.

I would say similar to Michael, our volume has been declining, and we hit our official peak on April the 10th. So we're about a week trending downward. I look at volume between last Friday and this morning in terms of COVID patients, we have about 90 less COVID patients across our system than we had the same time last Sunday. And we're at a place now to where frankly non-COVID patients have a higher percentage of beds in our hospital than COVID patients. But we're just at about 55% non-COVID, 45% COVID. There was a point at time where we were at about 80% COVID. So with about 600 patients across our hospitals today, that number is down from what was around 1,000 at the peak of the crisis.

In terms of challenges, our challenges are very similar to what you heard from Michael in Northwell. The most critical issue is supporting our staff and team members and physicians and ensuring they have the support that they need. Certainly emotional and psychological support frankly are one of the most critical issues because frankly our staff are dealing with more death than they normally deal with. While you think about all the activity that happens at a hospital and health care system normally and you don't think about that much death. So we're spending a lot of time with EAP and other psychological support to make sure our team members have what they need.

We're giving daily communication to our staff, talking about what's happening across the system so they understand what's going on. We sprinkle that in with small town halls that help support them without distracting them from the work as well as other communication from myself and our senior leaders to make sure that they understand that we're there with them, we have their backs, and we're doing our best to provide support.

In terms of PPE and supplies, it's a rollercoaster. We're certainly not as critical as we were at one point and time. We're really good as it relates to ventilators. So that's not a concern. Probably the biggest thing that I worry about at the moment is supplies related to laboratory testing so that we can support the PCR testing of COVID positive patients. That's probably our biggest area where we're still struggling and where frankly we've never been able to test at our capacity because of constraints with reagents and test kits.

Unger: Dr. Turney, you're in a very different geographic situation. Your system covers a large area in Wisconsin, much of it rural, and there's been concern that our rural areas are not as prepared. What is your system doing to prepare for this, and what are you seeing at this point?

Dr. Turney: Right. Very different than my colleagues in New York and in Detroit certainly. We are a large rural health system. We do cover about 40,000 square miles, and there are just a little over a million people in that geography. So again just the dimension of what we're having to deal with is a little bit different than other hot spots that are occurring in the country.

But I think, for us, some of the issues that we have, we have a very aging population. We have a lot of chronically ill patients, and the median income for the people that live in our communities is about $80,000 less than the state average. So when we put those factors together, we're concerned not just about the wellbeing of our health system; we're concerned about the wellbeing of our communities as well.

We know that we are the largest employer in the northern two-thirds of the state of Wisconsin. We know that people depend on us for care, but we also support the businesses in our communities. And when you think about where we're at, having had to shut down many of our rural clinics—we've eliminated all elective procedures. We, although, have had to make some really tough choices around our workforce. We've had to furlough some of our staff. We've had to lay off some of our staff, and our providers and senior administrators have all taken big salary cuts in order to accommodate the needs of the health system.

In fact, our net operating income was down $70 million, and the money that we've gotten from the federal government didn't cover half of a payroll. So we're having some huge challenges from a financial perspective.

So even though we haven't seen the volume of patients in our hospitals, we have had to prepare for the worst-case scenario, and there's a huge cost in doing that. And the cost is something that it's important to do. We want to protect people. We want to protect our providers. We want to make our community safe. But when you look at the challenges of ramping up for this disaster, realizing that your revenue is just not coming in the door. We are really in a survival mode right now and really looking to our state and our federal government to help us think about what our future's going to be.

We're really critical to the ecosystem in Wisconsin, and we want to make sure that the efforts that are taking place to fund hospitals and providers takes into consideration the 20% of the people in this country that really do depend on health systems like ours that were already economically disadvantaged and already in a state of crisis.

Unger: So if you could take yourself back three to four weeks ago and basically now knowing what you know, is there anything that you all would have done differently to prepare for the situation that you subsequently faced?

Dowling: Well, for us, we started preparing back in January, and we have a very efficient emergency operation management system here. I would say that I would have reached out across the country to other health systems to get support staff-wise from them. I hope to be developing these relationships going forward because no matter how well you prepare staff, you will not have enough to constantly relieve the pressure. We have staff in here now from Utah and from down south and et cetera. But I would have gone much earlier to other health systems and say is there a way for you to lend us staff and have that other arrangements in place much earlier than doing it in the middle. That is a lesson.

The other lesson is, for people that might be anticipating this to happen, is whatever capacity you think you have, and you're thinking of adding 10%, add 50%. In our case, we have 90-95% of everything in every one of my 23 hospitals is COVID. I have to create 1,400 new beds inside our hospitals in the last four weeks. So staff, capacity.

Last thing I'll say quickly is we've learned a lot of lessons through this. So the next stage is just as important. How do we recover, and how do we change our operations going forward based upon the lessons from the past two months? We will never again be exactly the same. Definitely not in New York. I have 40,000 people working from home right now during the crisis. Many of those will probably always work from home. So we cannot forget the lessons that we've learned to help us change what we need to be doing in the future.

Lassiter: For me, I'd echo a lot of Michael's comments. I think probably three or four weeks ago, I'm not sure that I would've done anything much different because we were right in the thick of things. But if you had said that three or four months ago, that might give me a little more time to do some different things. So I won't reiterate what Michael said. I would just say I agree with that, particularly the staffing issues and surge capacity, I think we were planned well for that. We were able to flex our volume about 45%, and we've done fine.

I think that what I would add to that is supply chain. So clearly we're going to approach supply chain a little differently going forward than we did in the past. I think most large health systems like ours felt like we were covered. We have national GPOs. We have direct relationships with distributors. We felt like we would never be in the situation like we've been to where there are times where frankly I've been on the phone at 10 or 11 or 12 o'clock at night with my CFO and supply chain executive

discussing the transaction we need to try to make in China or in India or in the Middle East to get direct supplies and to make sure that our staff are safe. And I don't ever want to be in that position again.

And with no offense to our purchasing organizations whatsoever. But it's really clear that when the global supply chain has broken, that we have to be more self-sufficient than we've been in the past. So that's one thing that we will definitely do differently.

The other thing I might add beyond what Michael said is virtual care. Michael talked about virtual work from home, and we have the same experience. We've got 35,000 people in our system and many are working from home now, some of which never thought they could successfully work from home. So I completely agree with that.

But in terms of virtual care, we've ramped up our virtual care capacity about 400% in the last 45 days, and we've done some things that frankly if I think back to our planning exercises of last fall, planning for 2020 and setting goals for how much we would do SY.

If I had said to the team, "Let's expand virtual care 400%," they would have looked at me like, "Right. That's nuts." Yet we did it. And so my sense is we're going to look at that very differently.

My team and I were on a call about an hour ago, talking about our urgent care strategy and how much we're looking to expand in a number of parts in the region. So the thought is let's think about that in the context of our virtual care expansion, and maybe we don't need nearly as much as what we thought around urgent care. So I think the whole approach to virtual care, we will be much more aggressive than we've been. And we've been one of the leaders in the country, but we'll be much more aggressive around rethinking our capacity and our approach to virtual care going forward.

Dowling: Great.

Unger: Dr. Turney, I know virtual care has been something you have been utilizing extensively given the rural population. Any comments on that?

Dr. Turney: We also have expanded the scope of work that we're doing with telehealth. The challenge that we have being a rural provider is 25-30% of the people that live in our area do not have access to broadband access. So as you can guess, that creates some huge challenges. But most people do have telephones. So we at least have been able to connect with our patients that are in great need.

Patients are fearful of coming into the facility when they have an urgent or acute problem. They oftentimes don't have the transportation to even make the trip to be able to see someone if the need should arise. So we're doing the best we can, but we've seen huge increases in volume in virtual health.

And I know many people have said this, the genie's out of the bottle. We really have to think that this is going to be our new world order, and I think payers and the government are going to have to catch up with us now because I think we're doing a fantastic job of really serving the needs of our communities.

Our patients are very grateful that they do have access. And probably the biggest challenge for us is primary care, psychiatry, some visits have been very easy for our clinicians. But some of the specialists, especially the surgeons, have been a little more challenged in what they can do for patients because they can't put hands on or examine the patient the way they had. But it's really keeping that connection with the patient that's so important, and as soon as we can—of course the circumstances are so unknown right now—but as soon as we can, we're going to start opening up our clinics to be able to see the patients on site. And I think all of us are in the middle of trying to figure out what that looks like right now.

Unger: Obviously your physicians and your health care teams have been through something unprecedented. Mr. Lassiter, you talked a little bit upfront about some of the strategies that you were using to ensure their wellbeing. Any other learnings from any of you about how to do this?

Lassiter: I'll just mention one more thing that I didn't mention earlier, and that is we began doing wellness rounds shortly after the crisis began where our physician experience leader began rounding through our hospitals that were being hit really hard and stopping to have our providers engage in a bit of mindfulness and a sense of mental wellbeing and doing that very purposefully and saying to them that I'm here for wellness rounds. And I would just tell you that had a really amazing impact on our staff because many of them are like in a war zone. They are constantly going, adrenaline is 100%, 24 hours a day. It's not peaks and values like you might normally see. It's 100% all day. So I would just add that as one more thing that we did that we found very, very useful.

Dowling: I would add to what Wright said. I would agree. One other thing is that we've all experienced the enhanced interdisciplinary nature of how teams work together. I mean, doctors and nurses are moved from their traditional now specialties to working with broader areas and work together in cohort. I mean, you go into the front lines in the ICU, and you have your cardiac people there. So there's a lesson here where little silos are being completely broken down over the last five or six weeks. We have got to make sure that we keep them broken down and not let people go back again the way they were before.

People say, "Well, I can't do that because this is what I'm specialized in. I can't do this." This has completely destroyed that theory. There's a real benefit here that I'm hoping and I know we'll all be working on. It has been a phenomenal cross-fertilization education wise for everybody. In other words, no crisis goes to waste. There are wonderful benefits coming out of this despite the horror of what we've been experiencing.

Unger: Mr. Dowling, do you have—I'm sorry. Dr. Turney, did you want to add to that?

Dr. Turney: I was just going to say I support, and we're doing what all of you are doing. I think what has amazed me most is not one person has said no. Everyone has raised their hand, and that is very refreshing, as a leader of a health system, to understand how committed people are to the patient and to the communities that we serve. So that was a highlight. I would also say that we can't communicate enough. We try and we think we're over communicating, but people need a lot of information and they need to know that we have their backs. And we're doing everything we can. I just hope it's enough.

Unger: Last topic, Mr. Dowling, earlier in the conversation, you talked about putting the lessons you've learned over the past many weeks in service of the next phase of this. When you look ahead, what lessons are you going to apply?

Dowling: I think that we're going to all have to be a lot more efficient. I mean, economic impact here is extraordinary. For us, it's $350 to $400 million a month. So we all to look at everything differently: How we operate, how we communicate, where we do work, who does work, the roles of the various hospitals, et cetera.

We're not out of the woods yet. We're going to have COVID patients with us until there's a vaccine. It'll be less, but we'll all have COVID units, and the issue going forward that I know that probably Wright is dealing with and Nancy's dealing with is testing, anti-body testing, diagnostic testing, how you come back into business. Remember, shutting down thing is easy. Bringing them all back is a lot more complicated.

Dr. Turney: Right.

Dowling: So the next phase in my view is going to be even tougher, not as hectic of course but in many ways tougher than what we've been through. If we want to do it efficiently and safely.

Lassiter: So I would echo those comments. The notion around efficiency is really, really key. For us, our economic impact isn't as significant as Michael's but it's a $70 to $100 million a month issue for us. So that's not insignificant. So efficiency will be critically important. I think the piece that we cannot underestimate, not unlike Susan's commentary about communicating to our team members, is how we communicate a sense of confidence to the public that it's safe to come back to us. It's one thing to be having a heart attack or stroke or have a car accident or fall off a ladder or those kinds of things and be rushed to a hospital for care and to have your needs attended to.

But when someone has a choice of I can wait a month or I can wait a week or I can wait six months or I can just defer this all together or I can go back into an environment that I've seen on the TV as a place of death and despair because everyone there has COVID. A lot of the community is going to really need to hear from us in a different way and not just us but other national leaders in a different way around conveying to them a sense of confidence that it's okay to come back to us. We're the place, hospitals and the health systems are the places you've relied on for a long time, and it's okay to

come back.

To Michael's point about the complexity of restarting, that will be one of those challenges because we can't restart the way we used to. We're going to continue to have social distancing as he mentioned. We're going to continue to have scenarios where we won't have gatherings of large folks. We're going to have less people in buildings than we used to have. So the notion of how we restart the economic engines of these communities that we all serve in a way that projects confidence to the population we serve will be a very tricky test to us all.

Dr. Turney: I agree. I think we're trying to figure up the right way and the safe way, and we don't have that answer. But I do think this will cause us all to have a moment of reflection around how we as a society really prepare for something like this again. And I think most of us have a sense that it will happen again. So, again, that lessons learned in just reflecting on what this has meant and what we can do for our future.

Unger: Well, thank you very much. This has been a fantastic conversation.

I want to thank my guests today. Dr. Susan Turney, Wright Lassiter, and Michael Dowling for being here, and for the important role that your physicians and your care teams and your health systems have played in taking care of patients through this pandemic.

We'll be back tomorrow with a deeper look at health equity issues in the pandemic. And in the meantime, for updated resources on COVID-19, please go to the COVID resource center at ama-assn.org/COVID-19. Thank you and have a great day.
