

6 areas health systems must focus on long after pandemic ends

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Significant strain has been placed on health systems across the country during the COVID-19 pandemic. While responding to the impact on patients and communities, health system leaders have had to overcome persistent challenges faced by their physicians and other health professionals. As the pandemic continues, chief executive officers from across the country came together virtually to discuss how to support professional well-being during and after a crisis.

“The challenge during this unprecedented time of strain on the health care workforce is to consider how we can better create resilient organizations,” AMA Executive Vice President and CEO James L. Madara, MD, said during the 2020 Joy in Medicine CEO Consortium. “Those organizations would provide the right structure to protect physicians, as well as others, from the undue burnout, stress and anxiety that occurs in our health systems.”

Joining the AMA in the online discussion were chief executive officers from AMA Health System Program Partners Kaiser Permanente, Marshfield Clinic Health System and Virginia Mason Health System. Leaders from almost three dozen other health systems were also present, including Atrius Health, Stanford Medicine and ChristianaCare. The leaders outlined these key areas of critical focus during the pandemic.

Transparent, humble communication

A leading theme echoed from all - leaders was transparent communication. Early in the pandemic, leaders knew they did not have all the answers, but they needed to be a voice of empathy that was timely, relevant and authentic. To address this, different forms of communication popped up across health systems, such as email, town halls, front line rounding and virtual meetings.

Additionally, listening sessions allowed physicians and other health professionals to be heard throughout the organization. This transparency in communication ensures there is less of an opportunity for people to write their own narratives while settling fears and anxiety brought on from the unknown of the COVID-19 pandemic. It also allowed for innovation and collaboration to rise up from those closest to patient care.

Discover six ways a health system attacks stress during the COVID-19 crisis.

Child care solutions

Basic needs like access to food, transportation and rest should not be overlooked. Among these basic needs, physicians and other health professionals continue to demand help with child care. With unpredictable school systems, women physicians are often the ones taking on the added responsibility at home, placing them at increased risk for burnout. Many health systems have implemented resources to help, including “pods” to share child care and flexible schedules to provide relief. But more solutions are needed.

Discover how Mount Sinai keeps physician well-being in focus, including addressing child care.

Mental health and burnout

Health systems must prepare for the potential of a mental health crisis as the aftermath of a prolonged pandemic response, said leaders. Mental health issues, such as anxiety, depression and burnout are going to persist, but health systems need to be proactive to address concerns and destigmatize that experience, they echoed.

Support for leadership emerging from the field

A surprising outcome of the pandemic has been the emergence of new leaders from the front lines. In the early days of COVID-19, a new group of leaders has stepped into places where help was needed. The middle leaders—those with wider responsibility but remain closest to clinical practice—who have emerged are those on the front lines of COVID-19 care, many of them women. Residents, fellows and medical students also emerged with increased engagement throughout the pandemic.

Health systems can continue to invest in that group of leaders and foster their commitment to timely, relevant and innovative solutions to workflows, collaboration and communication. These individuals

need to stay engaged while harnessing their leadership skills, the leaders explained.

Burdensome regulations

At the height of the pandemic, some regulations were quickly lessened or removed. For example, early on, restrictions were removed to support telehealth. The absence of many regulations has been a positive factor in reducing clerical burden and improving flexibility in the early days of the pandemic response. But now some regulations are creeping back in, there is an opportunity for health systems to engage physicians and teams to redesign workflows.

Health inequity and systemic racism

Health care organizations must address health equity and structural racism, leaders said. Through experiences shared by Black, Latinx and Native American colleagues, leaders hope to improve communication and take action.

The leaders also called for the need to increase support while being very intentional about creating a more diverse medical profession to reflect the populations they are serving.

The AMA offers resources to help physicians manage their own mental health and well-being during the COVID-19 pandemic and provides practical strategies for health system leadership to consider in support of their physicians and care teams during COVID-19.