EvergreenHealth shares strategies to support physicians during crisis

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

Featured topic and speakers

In today’s COVID-19 Update, a discussion with Pratima Sharma, MD, executive medical director of primary care at EvergreenHealth, about how her health system quickly pivoted when it became the first location in the country to identify a COVID positive patient. Dr. Sharma shares strategies for ensuring physician well-being during crisis and how changes her health system made during the pandemic will influence care long term.

Find more on EvergreenHealth's pandemic response.

Learn more at the AMA COVID-19 resource center.

Speaker

- Pratima Sharma, MD, executive medical director, Primary Care, EvergreenHealth

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today we're talking with Dr. Pratima Sharma, executive medical director of EvergreenHealth in Kirkland, Washington. We'll share how her health system quickly pivoted to ensure physician wellbeing during the pandemic and how some of those changes will influence care in the long term. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Sharma, thanks for being with us here today. So many states are dealing now with a surge in cases because of the Delta variant. But at the beginning of the pandemic, if we can remember all the way back then, EvergreenHealth was pretty much on its own. In uncharted territory, Washington state and EvergreenHealth specifically was where we saw some of the very first cases of COVID-positive patients in the U.S. So I want to start by just kind of going back to that time


Copyright 1995 - 2021 American Medical Association. All rights reserved.
in early 2020. What was the general feeling among your physicians as it quickly became clear that Washington state would be our nation's first hotspot?

**Dr. Sharma:** Good morning, Todd. Thank you. That's a great question. It's been about 18 months. And remembering back to February 28, when we first realized that we had two COVID positive patients in our ICU and then realizing that there was an outbreak in our local nursing home facility that our community and our hospital is serving. We quickly needed to understand how we were going to handle these situations, not knowing how to care for these patients, given that there were no guidelines at the time. We also realized that these patients have been seen in our community clinics by our primary care physicians, not knowing at that time that they were potentially being exposed to a COVID positive patient. As you can imagine, that led to a lot of fear, consternation, the fear of the unknown. How is it going to affect my health? My family's health? My staff's health? And which other patients may have been exposed? So it led to a little bit of confusion, a little of fear. There were no masking guidelines. There were no social distancing guidelines at the time. And so just having to work through that, I remember it still very clearly how we just had to come up with a plan on the fly and then implement it and communicate it out.

**Unger:** It's kind of like ... vaguely like Contagion, the movie. I mean, within a few days you've got the CDC on your doorstep and you're having to develop kind of a playbook for how to deal with this that actually would later be adopted nationwide. Can you tell us a little bit more about what that looked like?

**Dr. Sharma:** So we were very grateful to the CDC for arriving at our doorstep within three days of the first confirmed cases. However, the CDC did not have a playbook for us to use. There were no set guidelines. We had no way of knowing how to treat these patients that were hospitalized or how to deal with the patients that we were seeing in our outpatient clinics that could potentially expose other patients as well as our staff. So in collaboration with the CDC, we developed those guidelines consulting with our experts, consulting with the CDC, coming up with a best practices approach. Which again was changed frequently when new information came to light. This information was then able to be shared by local facilities who were now starting to see COVID-positive patients, as well as nationwide as the pandemic spread.

**Unger:** And just like anything, it's more than systems, it's all about communication. Is there anything about your pivot in terms of communication that really stood out about that period?

**Dr. Sharma:** Right. So as you can imagine, there was a lot of fear and confusion initially, but not having guidelines for treatment masking, PPE, et cetera. And we needed to get that immune on that ... information out to all our staff, our physicians, our facilities, as well as our community. We immediately set up a command center. We were able to send out our daily updating emails for all our staff and our community. We instituted town halls on a pretty much instant basis where we started giving weekly updates sometimes more often to our staff and our community too. Having that flow of
information and explaining the why soundly behind some of the decisions that were being made was really critical in keeping people up-to-date with the CDC recommendations and the new guidelines that were being put on.

Unger: And that I'm sure in that period, you know, we were still learning a lot about the whys and I'm sure that has continued over the course of time. I mean, you really being on the front lines of that kind of first way experienced, you know, what we saw, which was, you know, a real physical challenge with trauma exhaustion, with your staffs, your health care teams, you know, that's, you know, were one of the first organizations we saw meant, a really stress, the issue of wellness with your entire health care team. Can you talk a little bit about kind of what you learn quickly and started to put in place at that early date?

Dr. Sharma: We realized that even though we were all experiencing the same time, that might be our experience with that pandemic was likely different. So somebody had childcare issues, personal health care conditions, schools were closed. People were getting furloughed and we needed to come up with some kind of solution that would, you know, not a one size fits all but could be modified for individuals. Our hospital then was able to allow people to use modified benefits. People were directed towards the employee assistance program or shared leave was created. We were able to work with some local church organizations and other childcare providers in the area to provide free childcare for our essential workers. There was an employee assistance fund where co-workers could donate funds and people in need. Other employees, co-workers could access those funds, which helps tremendously and feel that feeling of we're all in it together. Many of our non hospital-based physicians were also able to get credentialed on an urgent basis at the hospital in case the search got so bad and we could, you know, feel like we were contributing and relieving some of the stress off of our care teams in the hospital.

Unger: I'm curious. I mean, obviously a lot of time has transpired what we hoped wouldn't happen as it were back in, you know, kind of successive surges and waves of this. As you're thinking about physician wellness evolved over the course of time in terms of the complexity and what you're trying to accomplish,

Dr. Sharma: Right? So we need to keep in mind that this has been a continuum. There's been hope. We were so excited when the vaccine came out. We had relatively quieter summer but now we've seen that surge again, which is stressing our teams. We have staff shortages, which are adding to the stress on the system. Keeping that in mind, we have our wellness committee, which has been in place for a few years now, as well as the hospital staff have instituted several new programs, such as Schwartz Rounds. We have Code Lavender. We've created some zen dens at the hospital where people can have a few minutes of rest when they need it. The town halls have continued and we have a very strong basis. I mentioned earlier about communication and a very strong culture of collaborative work. We're patient focused. We've kept that people focus in mind the whole time, which I think has helped to some, a great degree. We can't make the stress from pandemic go away but we
want to support our staff and our physicians.

**Unger:** Now, obviously the issue of physician burnout was not new before the pandemic, it just was exacerbated by it. Even before the pandemic, you were working with the AMA as part of its practice transformation initiative. Can you talk about why you got involved in that? And did that put you ahead of the game, when you have to deal with something like a pandemic on top of your normal levels of burnout?

**Dr. Sharma:** That’s a great question. So we have become engaged with the AMA about around April of 2019 in the practice transformation initiative. And the thing that attracted us to that was that the Joy in Medicine, the effort to get that back was focused on organizational changes and not asking our physicians to be more resilient or work on their own self care. The processes we put in place as part of this initiative, where we made workflow changes that enhance our clinicians’ workflows on a day to day basis, I think eventually was really helpful. We found out at the pre- and post-survey when we did the comparisons that our physicians were doing much better in terms of workplace satisfaction, their work efficiency and in several realms, we performed better than the national benchmark. And I credit that to all of these efforts. We’ve mentioned.

**Unger:** That’s amazing that you were already in process with that. Cause fast forward to today, we’ve got the present situation where we are seeing the Delta variant cases increasing across the country. Can you talk a little bit about what you’re seeing with your physicians and patient population and how you were addressing this now?

**Dr. Sharma:** Thank you. That’s a great question. We have had a surge again over the past several weeks like some other parts of the country. We are fortunate to live in an area that has a relatively high vaccination rate. However, the efforts we continue to educate and advocate for vaccinations. We continue to show up for work, roll with the punches, take care of the people that arrive at our door for care. Keeping in mind that it is putting a lot of stress on our care teams. And we’re trying to support them as best we can just as we have done for the last 18 months.

**Unger:** Well, one other thing that you did put in place, of course, it’s interesting to think about you having been on the leading edge of this and experienced those waves earlier and realizing you need to change your model of care, particularly around preventative and chronic disease management, as a result of the pandemic. Now that you are where you are, how has your world changed? You hadn’t run or offered telehealth before. How is the world that you’re living in now, in terms of the care that you’re providing, different because of that than where you were a year ago?

**Dr. Sharma:** So at the beginning of the pandemic, we realized very quickly that our patients were starting to defer care. Some of it was their personal preference. Others were mandated by the governor, et cetera, with the stay at home, where our preventative care was put to a standstill. So we realized that we needed to allow a different care delivery model. We had been toying with the idea of telehealth for a little while but had not implemented it. So that I think was the biggest change we
made within two weeks, start to finish, from deploying a software program, getting the hardware, training, workflows, billing, documentation changes, everything. It was pretty remarkable how all departments came together with a common goal. And I think that is going to stay with us. It has been a pleaser for our patients who can access care safely and for our physicians and staff.

Unger: So for those of you that like to know more details about this transformation and the work that EvergreenHealth has been doing, we have a case study on that available. Go to ama-assn.org/stepsw-webinars and you'll get an one-hour look in more detail. Dr. Sharma, thanks so much for being with us on the COVID-19 Update. We'll be back with another episode shortly. In the meantime, visit ama-assn.org/COVID-19 for resources on COVID-19. Thanks for joining us. Please take care.

Disclaimer: The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.