Promising practices to support physician well-being during COVID-19: A case study from EvergreenHealth

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Promising Practices to Support Physician Well-Being during COVID-19: A Case Study from EvergreenHealth

Betsy Hail – Executive Director – Primary Care
Background on EvergreenHealth

Founded in 1972 as a public hospital district, we now serve nearly 850,000 residents of our service area in north King and south Snohomish counties.  
  o Located in Kirkland, WA  
  o 318-bed medical center

In 2015, we expanded to include EvergreenHealth Monroe.  
  o Located in Monroe, WA  
  o 72-bed hospital

Between our two locations:  
  o 4,500 employees  
  o Multispecialty group comprised of approximately 330 employed physicians and APPs  
    - 12 primary care clinic, ~80 providers  
    - 28 distinct specialties, ~200 providers  
    - Hospitalists, ~50 providers

Affiliations and Network Participation:  
  o Overlake Medical Center and Seattle Cancer Care Alliance  
  o 1,100 physician partners as part of Eastside Health Alliance
Our Introduction to COVID

- **January 8, 2020** – China acknowledged coronavirus outbreak and published genome sequence.
- **February 27, 2020** – CDC updated its testing guidelines to allow for the testing of severe respiratory illness and unexplained pneumonia — even without travel to China or COVID-19 exposure.
  - Two critical patients that fit the profile for the disease, known as COVID-19, were tested.
  - Both patient tests came back positive for COVID-19.
- **February 28, 2020** – Tested 9 additional patients. 8 came back positive for COVID-19.
- **February 29, 2020** – Tested 7 additional patients. 6 were positive for COVID-19.
  - 11 patients connected to local nursing home facility.
- **March 1, 2020** – Launched Incident Command
- **March 2, 2020** – CDC arrived at EvergreenHealth
Guiding Principles

• People
  o Preserve current and develop new relationships with patients, staff, clinicians and community

• Quality
  o Providing quality care within emerging crisis guidelines

• Change Management
  o Balancing degree of change with desired outcomes

• Transparency
  o Frontline input and transparency around all decisions
Pandemic Considerations

• Adapting Care Model
  o Deliver high quality, accessible care while ensuring the safety and wellbeing of our patients, staff and clinicians.
  o Use of virtual health services

• Financial
  o Preserve the financial health of our organization to serve our community now and in the future.
Pandemic Strategies

• Strong governance and central coordination
  o Incident Command
    − Logistics and supplies - i.e., supply of patient care equipment, personal protective equipment [PPE]
    − Administrative and finance – i.e., agency staffing, insurance coverage, Federal aid
    − Public Information – i.e., external communications, media outlets, community feedback, public health authorities, etc.
  o Comprehensive emergency management plan and training in place

• Readiness and availability of healthcare personnel
  o Staff Training on safety protocols and proper use of PPE
  o COVID-19 diagnosis and clinical management - i.e., triage, criteria for prioritizing admissions, infection prevention and control

• Massive and rapid reorganization of clinical and surgical activities
  o Identification of separate pathways and dedicated departments for COVID-19 patients
  o Drafting and introduction of operational procedures and protocols to ensure non-deferrable clinical and surgical activities

• Communication management
  o Internal communications
Tactics

• Strong governance and central coordination
  o Email sent to patients to help educate the public about COVID-19 and measures we are taking to keep them safe
  o Dedicated phone lines to address questions from the community
  o Tracking of visits types (in-person/virtual/telephone) and call volumes to manage impact
  o Updated patient reminder calls, patient portal messaging and website with new COVID guidelines
  o Partnered with CDC representatives on-site to develop treatment guidelines for national use
  o Granted WSHA approval to share EvergreenHealth’s communications approach to assist others (state and national)

• Readiness and availability of healthcare personnel
  o Coordinated delivery of PPE, including eye goggles, face shields, masks to address special droplet/contact precautions
  o Social Distancing
    o Twice daily symptom screening for all staff
  o Plastic safety shields in high traffic patient areas
  o Hourly high touch cleaning measures implemented
  o Implemented centralized organizational labor pool
  o RN consultation phone support for staff experiencing COVID symptoms
  o Partnered with 3rd party vendor to support patient COVID symptom screening
  o Implemented a remote work policy for appropriate positions
Tactics

• Massive and rapid reorganization of clinical and surgical activities
  o Cohorted sick/well patient visits
  o Discontinued all nasopharyngeal swabbing, nebulizer treatments and other aerosol-related procedures
  o Implemented restricted visitor policy
  o Implemented telephone and virtual visit options for patients
  o Reduced ambulatory clinic hours
  o Set up a centralized COVID drive through testing site at hospital for all established patients with referral
  o Designated an Urgent Care location as our respiratory Clinic and directed all URI symptomatic patients for treatment
  o Implemented universal masking policy for all patients and staff
  o Several Evergreen Health physicians obtained temporary credentialing privileges to assist Hospitalists and CCU team

• Internal Communication management
  o Daily updates to all employees
  o Daily Incident Command
  o Daily divisional huddles
  o Transitioned administrative meetings to virtual format
  o Launched EvergreenHealth Medical Group Survey Monkey to assess employee concerns, learnings and feedback
  o Created Auto texts to respond to repeat questions and standardize messaging

All information was discussed during our weekly Town Halls
Operational Challenges

• Staffing
  o COVID-19 Screening measures for employees and patients
  o Resources pulled from existing projects to address pandemic priorities

• Financial
  o Mandated cancellation of all elective surgeries
  o Visit volumes decreased significantly
  o Vendor inability to deliver product and services in timely manner
  o Added costs related to state mandated supplies and equipment (Ex. PAPRs, thermometers, probe covers, masks, headsets, cameras, monitors, etc.)
  o Construction of negative airflow rooms in hospital

• New workflows and training
  o Patient outreach
  o Clinic processes
  o Technology

• Change Fatigue
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Pratima Sharma, MD – Executive Medical Director – Primary Care
Clinical Challenges

• Lack of defined protocols for COVID-19

• Staffing Challenges
  o Work accommodation requests
    - Health
    - Fear/Trauma
    - Childcare issues due to school/daycare closures
    - Furloughs
    - Work from home
  o Flexing staff to visit volume
  o Reduction in clinic hours to maintain appropriate staffing levels
  o Reinvent staffing methodology to support:
    - Patient access
    - Staff wellbeing (Ex. COVID-19 exposure, symptom/asymptomatic)
    - Additional services required by pandemic (Ex. Drive-thru testing and scheduling)

• Ensuring a safe environment for staff and patients
• Maintaining social distancing for staff and patients in shared spaces
• Ability to provide ongoing preventive care and chronic disease management
Clinical Challenges (Continued)

• Limited COVID testing and delayed test results
• Delayed and/or discontinued surgeries, procedures and services
  o COVID screening became a requirement pre-treatment
• Adapting our Care Delivery Model
• New billing and coding requirements
• Care Team Wellness
  o Increased messages and phone calls from concerned patients (indirect work)
  o Physician time needed to support various new initiatives
  o Anticipated increased demand for physician services
  o Concern about exposure to self or family
AMA Practice Transformation Initiative (PTI)

- AMA Practice Transformation Initiative is a collaborative initiative with the Physicians Foundation and three state medical societies (Washington, New Jersey and North Carolina) that aims to reduce care team burnout.
- The goal is to improve joy in medicine by using validated assessment tools to measure burnout and gain a more engaged, satisfied workforce for providing better, safer, more compassionate care to patients.
- The assessment tool used to collect our primary care physicians and APPs feedback was called the Mini-Z.
Mini-Z Scores

Satisfaction with Current Job

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<tr>
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<td>4.1</td>
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<tr>
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<td>National Benchmark</td>
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Care Team Efficiency

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<td>National Benchmark</td>
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No Symptoms of Burnout

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AMA Well-Being Assessment – COVID-19 Related Results

• The new COVID-19 section included several new categories:
  o Fear of Exposure
  o Childcare Concerns
  o Work Overload
  o Anxiety and Depression

• 63 EvergreenHealth primary care physicians and APPs completed the survey

• Approximately 19,400 healthcare providers nationally completed the survey
Fear of Exposure

I worry about exposing myself and my family to COVID-19

![Fear of Exposure Chart]

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<th>National N = 19,402</th>
<th>EvergreenHealth N = 63</th>
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<tr>
<td>Not at all</td>
<td>Not at all</td>
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<tr>
<td>Somewhat</td>
<td>Somewhat</td>
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<tr>
<td>Moderately</td>
<td>Moderately</td>
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<tr>
<td>To a great extent</td>
<td>To a great extent</td>
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- National: 35% Not at all, 22% Somewhat, 37% Moderately, 6% To a great extent
- EvergreenHealth: 44% Not at all, 27% Somewhat, 21% Moderately, 8% To a great extent
Childcare Concerns

Due to the impact of COVID-19, I am currently experiencing concerns about childcare:

- **National**: 62% Not at all, 15% Somewhat, 11% Moderately, 12% To a great extent (N = 19,394)
- **EvergreenHealth**: 73% Not at all, 13% Somewhat, 8% Moderately, 6% To a great extent (N = 63)
Work Overload

Due to the impact of COVID-19, I am currently experiencing work overload:

- National: 13% To a great extent, 31% Moderately, 24% Somewhat, 32% Not at all, N = 19,403
- EvergreenHealth: 5% To a great extent, 29% Moderately, 24% Somewhat, 43% Not at all, N = 63
Anxiety and Depression During COVID-19

Due to the impact of COVID-19, I am currently experiencing anxiety or depression:

![Pie chart showing anxiety and depression levels]

National: 6% Not at all, 23% Somewhat, 25% Moderately, 45% To a great extent

EvergreenHealth: 3% Not at all, 17% Somewhat, 40% Moderately, 40% To a great extent

[Legend: Not at all, Somewhat, Moderately, To a great extent]
Ongoing Work

- Expanding virtual visit volumes as a part of our patient care delivery model
- Preparing for COVID-19 immunizations in the primary care setting
- Overcoming vaccine hesitancy
- Resuming aerosol-generating procedures
- Resuming Point of Care influenza/COVID and respiratory pathogen testing
- Maintaining pre-COVID patient visit volumes
- Ongoing communications, including regular Town Halls
- Physician/APP support
QUESTIONS?
The following AMA resources are available to support your physicians and staff:

- Caring for Caregivers during COVID-19
- AMA COVID-19 Resource Page for Physicians
- JAMA COVID-19 Collection
- Steps Forward™
- Telehealth Implementation Playbook
- Behavioral health integration in physician practices

ama-assn.org
Upcoming programming

August 10  Implementing innovative solutions with an equity lens

Urmimala Sarkar, MD; Courtney Lyles, PhD
AMA STEPS Forward™
Recognition of Participation certificate

If you have participated in 3 or more AMA STEPS Forward™ Innovation Academy activities, you are eligible to receive a Recognition of Participation certificate. These activities include:

- Viewing webinars
- Attending bootcamps
- Listening to podcast episodes
- Participating in telementoring sessions
- Reading toolkits

For more information, see ama-assn.org/STEPS-webinars
For questions, please email:

STEPSForward@ama-assn.org