



webinar series

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

Betsy Hail

Executive Director of Primary Care, EvergreenHealth
efhail@evergreenhealthcare.org

Pratima Sharma, MD

Executive Medical Director of Primary Care, EvergreenHealth
psharma@evergreenhealthcare.org

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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.

- Located in Kirkland, WA
- 318-bed medical center

In 2015, we expanded to include EvergreenHealth Monroe.

- Located in Monroe, WA
- 72-bed hospital

Between our two locations:

- 4,500 employees
- 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:

- Overlake Medical Center and Seattle Cancer Care Alliance
- 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.
- **January 21, 2020** – Public Health announced first COVID-19 positive patient in Snohomish County.
- **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
 - Preserve current and develop new relationships with patients, staff, clinicians and community
- Quality
 - Providing quality care within emerging crisis guidelines
- Change Management
 - Balancing degree of change with desired outcomes
- Transparency
 - Frontline input and transparency around all decisions

Pandemic Considerations

- Adapting Care Model

- Deliver high quality, accessible care while ensuring the safety and wellbeing of our patients, staff and clinicians.
- Use of virtual health services

- Financial

- Preserve the financial health of our organization to serve our community now and in the future.

Pandemic Strategies

- **Strong governance and central coordination**

- 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.
- Comprehensive emergency management plan and training in place

- **Readiness and availability of healthcare personnel**

- Staff Training on safety protocols and proper use of PPE
- 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**

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

- **Communication management**

- Internal communications

Tactics

- **Strong governance and central coordination**

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

- **Readiness and availability of healthcare personnel**

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

Tactics

- **Massive and rapid reorganization of clinical and surgical activities**
 - **Cohorted sick/well patient visits**
 - **Discontinued all nasopharyngeal swabbing, nebulizer treatments and other aerosol-related procedures**
 - Implemented restricted visitor policy
 - Implemented telephone and virtual visit options for patients
 - Reduced ambulatory clinic hours
 - Set up a centralized COVID drive through testing site at hospital for all established patients with referral
 - **Designated an Urgent Care location as our respiratory Clinic and directed all URI symptomatic patients for treatment**
 - **Implemented universal masking policy for all patients and staff**
 - **Several Evergreen Health physicians obtained temporary credentialing privileges to assist Hospitalists and CCU team**
- **Internal Communication management**
 - **Daily updates to all employees**
 - **Daily Incident Command**
 - **Daily divisional huddles**
 - Transitioned administrative meetings to virtual format
 - Launched EvergreenHealth Medical Group Survey Monkey to assess employee concerns, learnings and feedback
 - Created Auto texts to respond to repeat questions and standardize messaging

All information was discussed during our **weekly** Town Halls

Operational Challenges

- **Staffing**
 - COVID-19 Screening measures for employees and patients
 - Resources pulled from existing projects to address pandemic priorities
- **Financial**
 - Mandated cancellation of all elective surgeries
 - Visit volumes decreased significantly
 - Vendor inability to deliver product and services in timely manner
 - Added costs related to state mandated supplies and equipment (Ex. PAPRs, thermometers, probe covers, masks, headsets, cameras, monitors, etc.)
 - Construction of negative airflow rooms in hospital
- **New workflows and training**
 - Patient outreach
 - Clinic processes
 - 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**
 - Work accommodation requests
 - Health
 - Fear/Trauma
 - Childcare issues due to school/daycare closures
 - Furloughs
 - Work from home
 - Flexing staff to visit volume
 - Reduction in clinic hours to maintain appropriate staffing levels
 - 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)

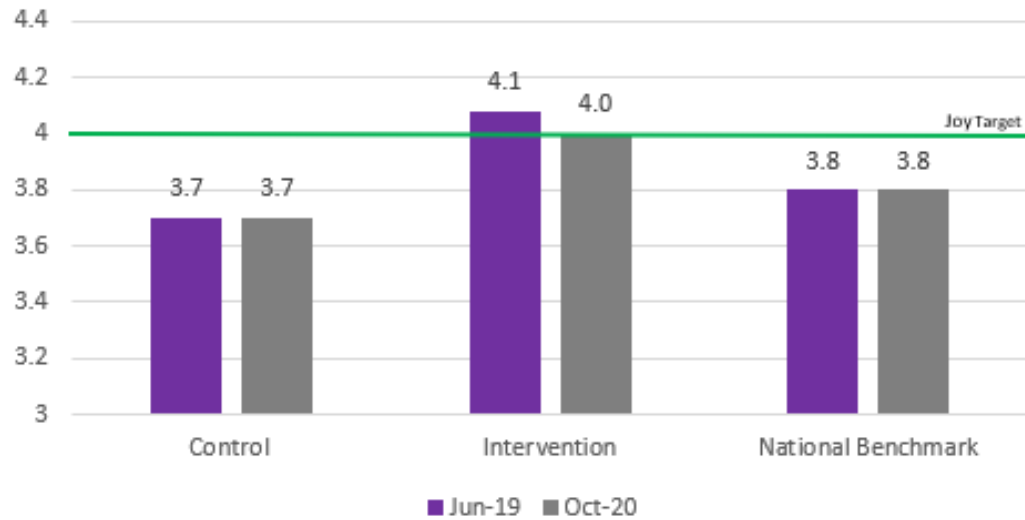
- **Limited COVID testing and delayed test results**
- **Delayed and/or discontinued surgeries, procedures and services**
 - COVID screening became a requirement pre-treatment
- **Adapting our Care Delivery Model**
- **New billing and coding requirements**
- **Care Team Wellness**
 - Increased messages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

AMA Practice Transformation Initiative (PTI)

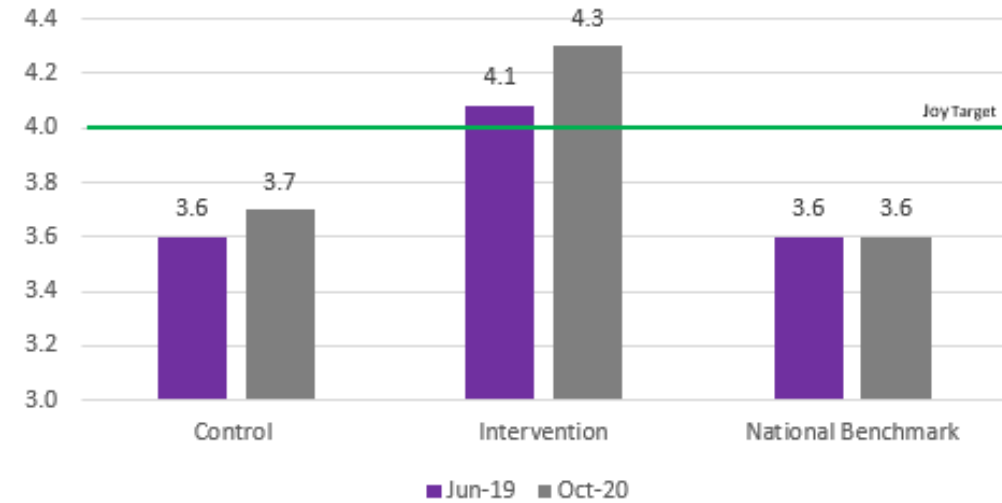
- AMA Practice Transformation Initiative is a collaborative initiative with the Physicians Foundation and three state medical societies (Washington, New Jersey and North Carolina) that aims to reduce care team burnout.
- The goal is to improve joy in medicine by using validated assessment tools to measure 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

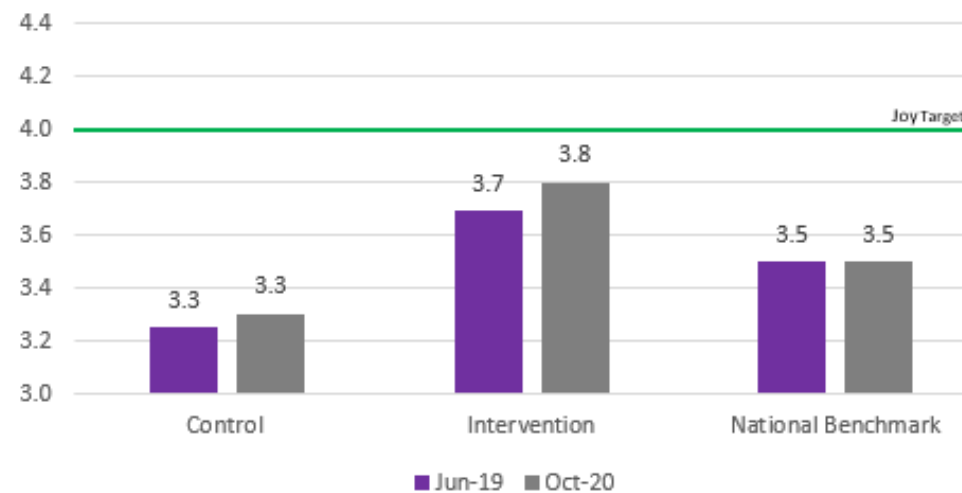
Satisfaction with Current Job



Care Team Efficiency



No Symptoms of Burnout

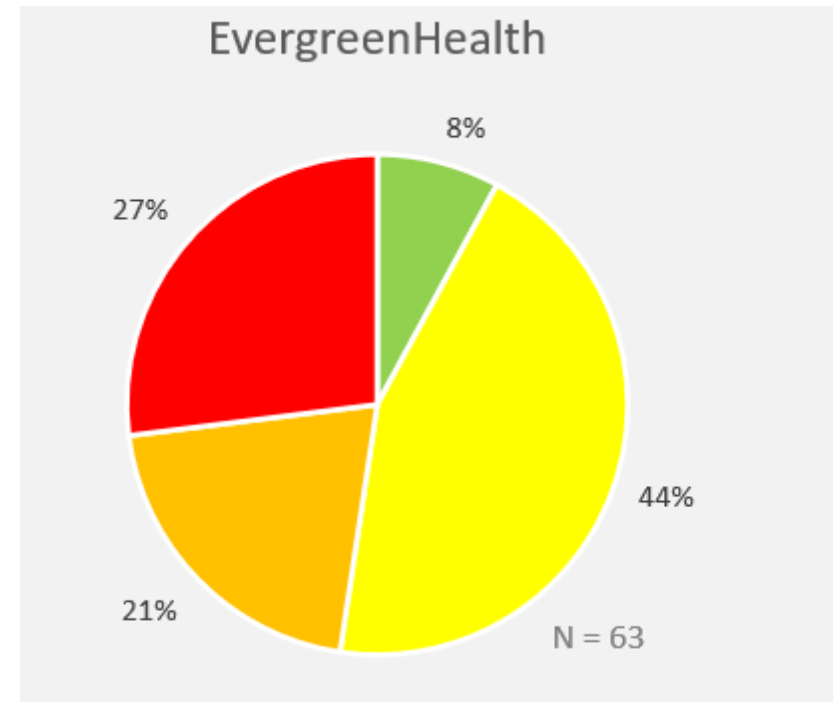
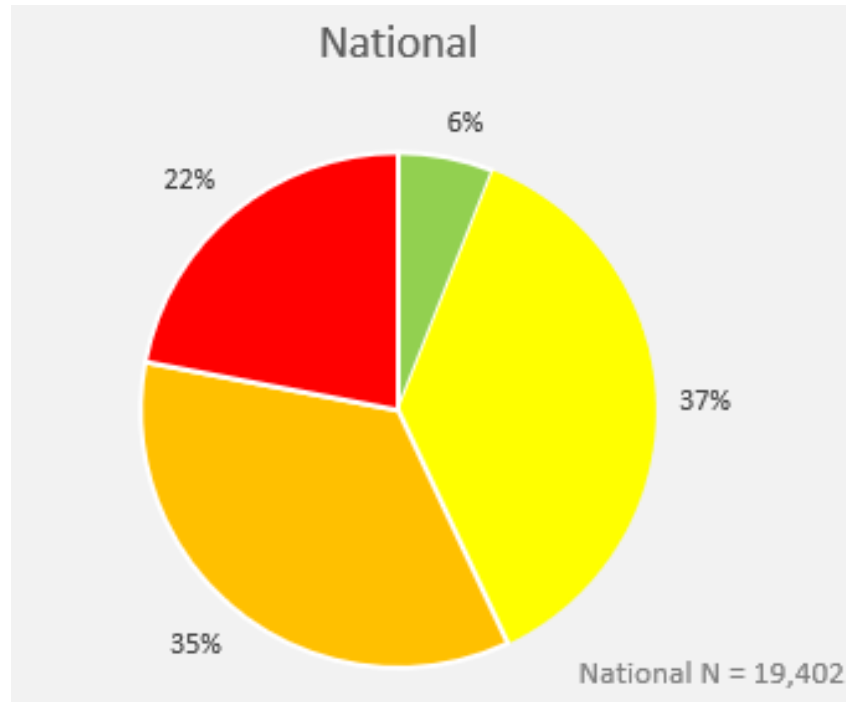


AMA Well-Being Assessment – COVID-19 Related Results

- The new COVID-19 section included several new categories:
 - Fear of Exposure
 - Childcare Concerns
 - Work Overload
 - 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

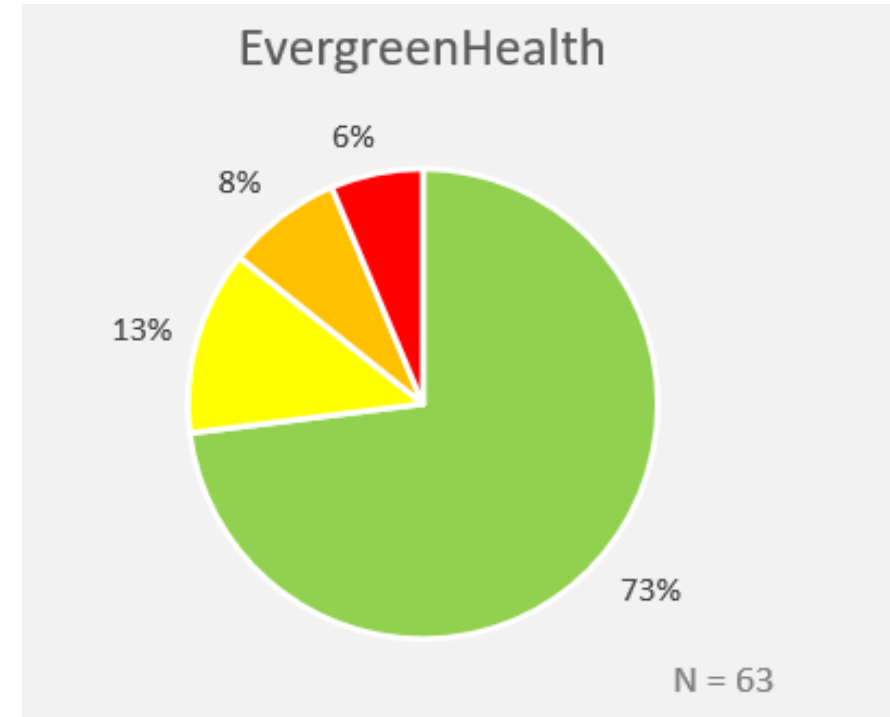
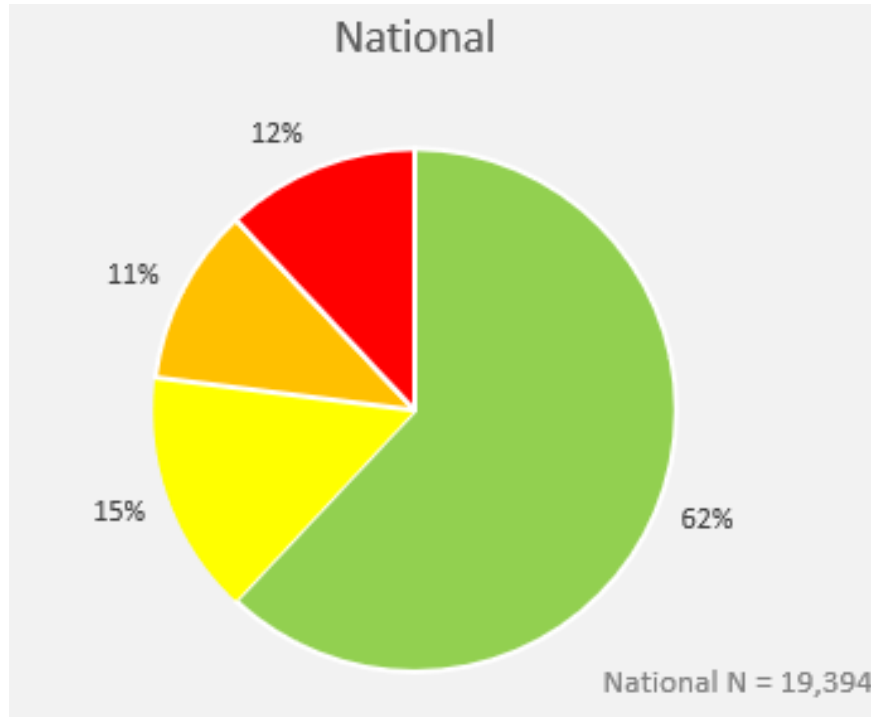
I worry about exposing myself and my family to COVID-19



■ Not at all ■ Somewhat ■ Moderately ■ To a great extent

Childcare Concerns

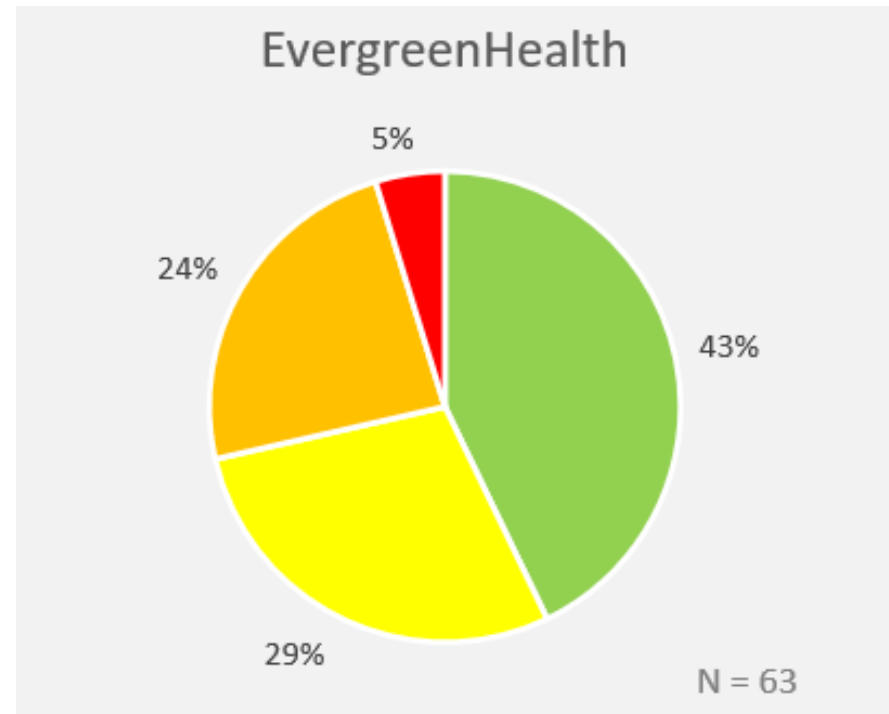
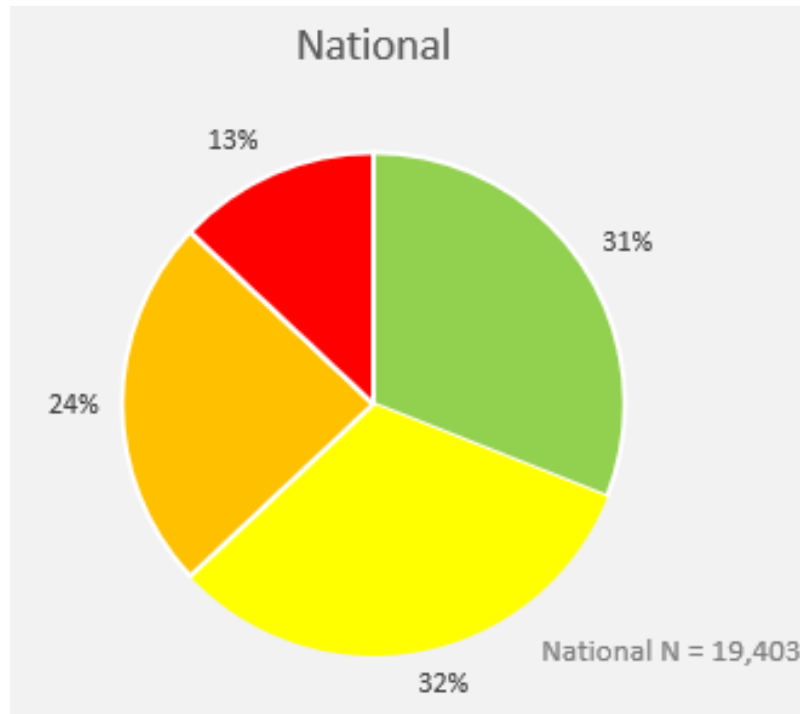
Due to the impact of COVID-19, I am currently experiencing concerns about childcare:



■ Not at all ■ Somewhat ■ Moderately ■ To a great extent

Work Overload

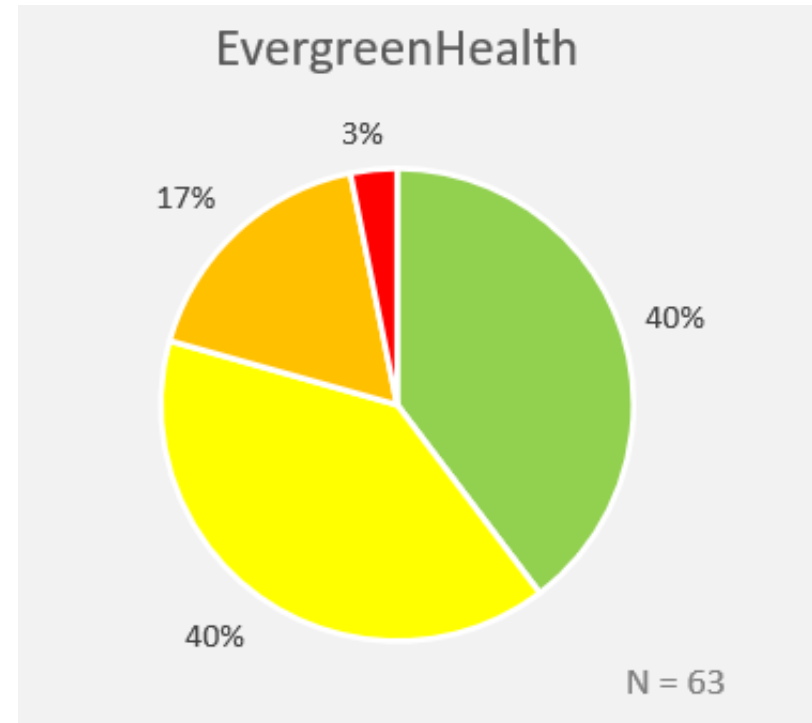
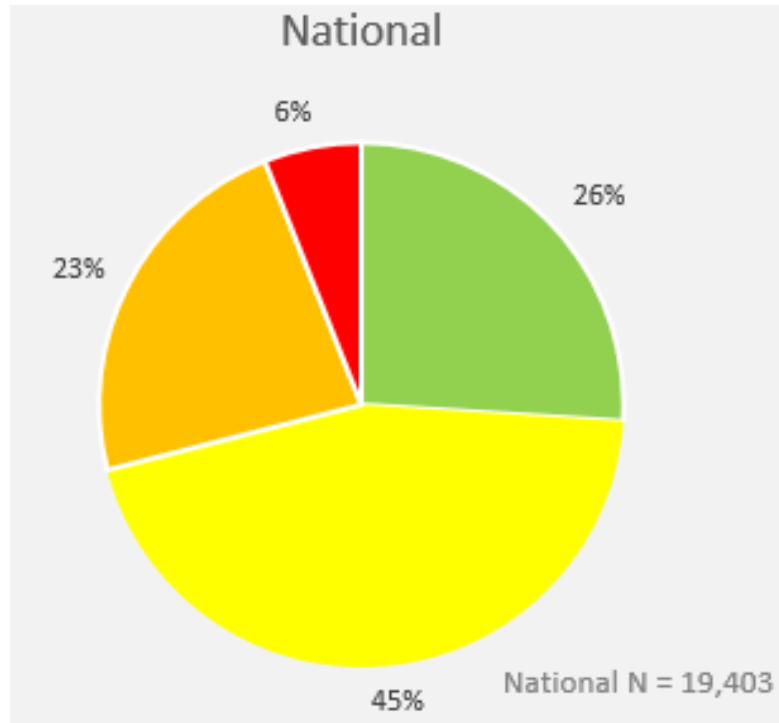
Due to the impact of COVID-19, I am currently experiencing work overload:



■ Not at all ■ Somewhat ■ Moderately ■ To a great extent

Anxiety and Depression During COVID-19

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



■ 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

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