Weighing In: CHCF Health Care Leadership Fellows React to the COVID-19 Pandemic

About the Survey

In April 2020, less than three weeks into California's statewide shelter-in-place order, the Healthforce Center at UCSF surveyed alumni of the CHCF Health Care Leadership Program to better understand the impact of the COVID-19 pandemic on their patients, their workplace colleagues, and themselves.

The survey asked about the behavioral health needs of patients and staff and the creative steps their organizations are taking to navigate this uncharted territory. One hundred thirty-nine alumni completed the survey, providing a unique glimpse of how California's health care system was responding to the crisis.

This summary captures selected responses to three key survey questions, which are presented here in the words of survey respondents. Supplemental video interviews of four respondents can be viewed on The CHCF Blog.

Healthforce Center at UCSF

California Health Care Foundation

How are you meeting the behavioral health needs of staff?

Respondents cited resources and help that their organizations are continuing to offer or are offering for the first time, including formal employee assistance programs, access to internal mental health staff, telephone support lines, videos, and apps.

We're offering resources to our staff.

- Employee assistance program (EAP).
- Offering resources, for example, free Headspace (guided meditation and mindfulness) app.
- A volunteer therapist has offered phone visits to the provider staff and crisis response team.
- Encouraging supervisors to use the behavioral health staff [as] support for themselves and their teams.
- Behavioral health staff trained to support their peers.
- Support line.
- On-site counseling.
- Employees have access to behavioral health through their medical insurance provided by our health center.
- Comprehensive care-for-caregiver program.
- EAP, mindfulness videos, etc., and counseling my own behavioral health staff.
- Social workers and chaplains providing support to patients and staff.
- Offering access to our staff psychologists.
- Organization providing social support, such as breaking into office supplies of toilet paper, allowing staff to use our Zoom account for family check-ins, [and] obtaining thermometers and other supplies for staff families who are without.

How are you meeting the behavioral health needs of staff?

We're huddling, meeting, and connecting to provide support.

- Regular virtual town hall meetings; town halls. We check in during phone huddles by department and talk in person to those on-site.
- Daily huddles.
- Team meetings, frequent meetings, Zoom staff meetings.
- Continuing weekly group supervision for the therapists.
- Field visits (as appropriate).
- In-person, small-group activities.
- Rounding by leadership.
- Daily check-ins with all staff members.
- Rounds with chaplains, behavioral health clinicians, leaders.
- We check in during phone huddles by department and talk in person to those on-site. A volunteer therapist has offered phone visits to the provider staff and crisis response team. We are referring [staff] to [our] employee assistance program when needed, sending supportive emails, and continuing weekly group supervision for the therapists.

"I'm a psychologist working with attending and resident physicians as well as mid-level providers. I'm sending daily wellness tips as well as offering sessions and brief check -ins. I hear the anxiety people are having about not enough resources, feeling unsupported, and living in this unknown."

How are you meeting the behavioral health needs of staff?

Simple things make a difference to staff.

- Sending supportive emails, group and individual emails/texts.
- Inspirational quotes.
- Staff celebrations.
- No organized way — [we provide] individual support.
- Treats, praise.

> **"Organization providing social support, such as breaking into office supplies of toilet paper, allowing staff to use our Zoom account for family check-ins, obtaining thermometers and other supplies for staff families who are without."**

We're making general/process-oriented changes.

- Strong team approach, transparency in decisionmaking and planning.
- Workplace flexibility, a lot of communication; communication and flexibility.
- Higher sensitivity/compassion, human kindness.
- Rapid deployment of employees to work from home to maintain social distancing and be home with school-age children.
- Approaching staff from a trauma-informed perspective.
- Increased contact, increased support.

How are you meeting the behavioral health needs of staff?

We are not meeting their needs.

- EAP is not adequate.
- Don't know — everyone is edgy.
- I'm not sure, not sure.
- I am not.
- Little emphasis on the plight of providers of home-based care.
- We are all emergency workers — we just dig deep and keep going.

> **"Anybody who is not scared is probably delusional."**

Is there anything you would like to tell us about urgent or unmet needs in the community you serve?

We're focused on the plight of people experiencing homelessness.

- The needs of the homeless for a way to [maintain] social distance, and, if diagnosed, isolate, are urgent and unmet. The fact that the relief being provided by the government will not help undocumented individuals will soon cause significant pain in that community.
- Portable handwashing stations and portable bathrooms for the homeless, like the ones used at music festivals such as Coachella. Parks, libraries, gyms, and coffee shops — those are the locations where many people experiencing homelessness can access basic hygiene facilities, including showers. All these facilities are closed now.

"The urgent and unmet needs of the families we serve are huge. We work with homeless pregnant mothers and families. Many who once were getting by are now unemployed and soon will become homeless. While there is a moratorium on [evictions for nonpayment of] mortgages and rents, this does not translate to forgiveness. The "aftermath" of COVID-19 is going to be dire."

Is there anything you would like to tell us about urgent or unmet needs in the community you serve?

We're concerned about access to care, post-pandemic needs, and mental/behavioral health.

- Underserved patients have unique challenges that are not often met fully with tele-visits. The patient doesn't know that they don't understand how to take their meds, and we only learn that in an in-person visit. They are unable to monitor blood pressure at home and need frequent lab draws to monitor disease. They come to us with more advanced disease.
- I worry about the post-pandemic for the survivors whose family [member] died alone, or they themselves were quarantined.
- Lack of non-English-speaking behavioral health providers. Tech lag — no telephones, no video capacity, no Wi-Fi.
- We are not able to test individuals who live with multiple families and are unable to "isolate at home," [thus] exposing other members.

Are health care organizations financially stable?

- We are very fearful of our FQHC's [Federally Qualified Health Center's] ability to continue to serve the community without contracting the organization in a severe manner.
- Many fee-for-service clinics and offices are closing to reduce costs, leaving NO access for patients.

Is there anything you would like to tell us about urgent or unmet needs in the community you serve?

We need to pay attention to the mental health of health care workers.

- My colleagues are freaked out and upset that there is no support for ailing, stressed out providers.
- As a psychologist employed at a medical center, my 24/7 telephone numbers were provided to all health care providers on staff. Only one nurse practitioner contacted me for support. I am unable to be at the medical center to make face-to-face contact because I am over 65 and working remotely. Some of my medical colleagues have the attitude that physicians should set aside their emotions during this time and keep working, even if sick with COVID-19 symptoms. As a clinical psychologist, I know that everyone is immersed in the suffering brought on by the pandemic and that it will serve physicians better to get time to step back and process how the pandemic is affecting them and their colleagues. They should discuss constructive ways to cope with the personal effects and the effects on the health care delivery system.

> **“What is happening to the mental health of health care workers? Who is looking after them and their families?”**

Is there anything you would like to tell us about urgent or unmet needs in the community you serve?

There are telehealth opportunities and challenges.

- The deregulation of telephone visits and video visits was a huge lifeline for both our organization and patients. I hope this part stays when this crisis is over.
- Trying video calls, but elderly patients are challenged by technology.

> **"We are using the video technology since it integrates with our electronic medical records and allows accurate tracking and privacy compliance, but it is taking a large number of staff hours getting our patients up to speed."**

General public behaviors need to be addressed.

- We need to continue to send the message for all citizens in California to stay home. There are still too many people doing nonessential things [in the community] every day.

Is there anything you would like to tell us about urgent or unmet needs in the community you serve?

There are not enough personal protective equipment (PPE) and other medical supplies.

- I'm concerned about the wearing of cloth masks. So many staff members want to use them, even when appropriate PPE is available.
- Concerned about access to inhalers and IV bags. We have had supply issues for years, and this [crisis] is only making things worse.
- Not enough PPE. This is greatly affecting staff wanting to come into work. Lots of fear.

> **"Inconsistent masking guidelines and waffling from CDC have put many clinicians at risk. Updated guidance on exposed clinicians (mask and monitor, keep functioning, test if symptoms develop) is needed."**

Has your organization found any creative solutions or tried anything new that has made a positive difference for your patients or your staff that you would want other alumni and Californians to know about?

We've seen new ways to deliver care, and challenges to old ways.

- Our drive-thru urgent care testing and evaluation site is top-notch and was instituted relatively early. I attribute this to strong, effective leadership for our urgent care areas. Our pharmacy has really stepped up to manage patients' needs by providing emergency delivery to high-risk patients for needed meds, delivery for a nominal fee for other members, and pharmacy runners in our parking lot and lobby areas to allow patients to stay in their cars. Our COVID-19 dashboard shows admissions/ICU and COVID-19 diagnoses/persons under investigation across the region is phenomenal.
- I don't think it is new, but we closed 40% of our clinics. Where there may have been 8 to 12 primary care physicians, we only have one come in to see only essential patients. The rest of the doctors are doing Zoom or telephonic visits at home. For our larger clinics, there are 2 or 3 primary care physicians at those sites seeing only essential patients. We also have surge clinics set up at two of our main sites, so anyone with respiratory symptoms or high temperature coming into the building [is] being seen by this new clinic, which is separate from the usual clinic, so [it] is less likely a patient gets upstairs and infects more patients or providers.

"I'm the freshly appointed lead of a countywide clinical task force. No BS — rapid action underway, noble and robust collaboration, along with the fear. My 50 years in medicine, including the CHCF fellowship, feel like an extended residency designed to serve this one job."

Has your organization found any creative solutions or tried anything new that has made a positive difference for your patients or your staff that you would want other alumni and Californians to know about?

We've seen new ways to deliver care, and challenges to old ways. (continued)

- Changed labor and delivery to surgery center to free up space to repurpose for ICU opening.
- We modified our standardized procedure for RN refills. Previously, the patients had to meet the visit, lab, and screening criteria for a 90-day refill. We are giving 90 days on everything for the duration of the emergency. We created a policy specific to coronavirus infection control. Since recommendations change so frequently, it lives on the desktop of each employee, and we notify them whenever changes are made.
- Our local medical association partnered with the Department of Health to recruit retired physicians to do contact investigations for COVID-19 patients. This is early in development with stakeholders talking, but if it works, it is a really good idea.
- Proactively reaching out to at-risk patients to check on their exposure, basic needs, and medication refills. Converting quickly to telehealth visits to reduce exposure risks for patients and staff. Show rates have increased due to phone visits, and patients are appreciative of the outreach by providers.

> **"As [an employee of] a public agency, I am very disappointed to say that our organization had a very difficult time shifting from predictable compliance mentality to agility and innovation to be responsive to the crisis."**

Has your organization found any creative solutions or tried anything new that has made a positive difference for your patients or your staff that you would want other alumni and Californians to know about?

Providers are huddling.

- Created 24/7 real-time access to MD members via telephonic interface to discuss potential symptoms and provide information and testing for COVID-19.
- Our almost daily regional town halls, recorded for later viewing, provide transparency and greatly improve communication for all providers.
- We have always had daily huddles. We now have a second noon huddle when necessary. The admin team meets briefly at least once and sometimes twice a day to check in, share information, and make decisions. I take my laptop for notes, which go out immediately after the check-in, so people know their assignments.
- Given the rapidly changing climate, I decided to give my staff daily updates in person at our huddle board. People strategically space themselves across the clinical area to be as close as they can to 6 feet apart. Having everyone hear the same updates, [and] having a place to share concerns/questions and encourage one another (sometimes with laughter), makes this an essential gathering, done as safely as can be.

Has your organization found any creative solutions or tried anything new that has made a positive difference for your patients or your staff that you would want other alumni and Californians to know about?

Wellness support plus new traditions have worked.

- We have a small but popular following in our exercise and yoga classes. To try to continue these, we have begun [livestreaming] the instructor teaching in the empty classroom and posting [the video] on our Facebook page. First go-around had 11 people watching/exercising.
- A fun thing: We have a seven-story central atrium. At 11 AM, we socially-distance gather at the railing. Someone leads us in stretching or smiling or thanking one another, then we all applaud one another. The sound moving up the atrium reverberates through the building and into your soul. Patients (we restrict visitors to one adult and their child as we are pediatrics) and staff have a chance to gather.
- We set up web-based groups for meditations.
- Our development department has done an amazing job of obtaining weekly lunch donations from local restaurants to our staff and groceries to our homeless clients. Our board has also delivered lunch to the staff to show their support. Messages of thanks and good wishes from patients, donors, and the community are shared with the staff.

Has your organization found any creative solutions or tried anything new that has made a positive difference for your patients or your staff that you would want other alumni and Californians to know about?

The telehealth wave is here.

- We're creating 12 telehealth rooms on-site to provide face-to-face communication, assessment, and treatment. The rooms provide clients an opportunity to come on-site and then connect to a clinician or psychiatry team member remotely to [receive] service. We believe this will help clients who don't have access to technological means access services. We are hopeful this model proves sustainable and reduces barriers to treatment for our community.
- The telephone visits have been an incredible boost to our ability to give care.
- We have moved almost all mental health visits to video, but we are being very mindful that not all patients can do this. So we are making sure to maintain some capacity for in person visits. We are also seeing that the anxiety of some mental health workers is significantly higher than other health care providers (nurses and doctors). I have some concerns that the rapid push for tele-psychiatry is partly driven by clinicians' anxiety rather than what is best for patients.
- We have also moved many services beyond medical to virtual visits (phone, typically), including health insurance enrollment, health education, etc. It has been useful that from the beginning we moved staff to answer an advice phone line, providing them with clear protocols of when to bring people in. This has led to the right people coming in and others staying home as needed.
- Extensive use of telehealth appointments. Single telephone number for patients to call to review symptoms and determine where and how to proceed.