CIN

CONNECTIONS

Fall 2020 Issue:

Emerging Innovations:

Health Care During a Pandemic

CALIFORNIA
Improvement
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BETTER IDEAS *for* CARE DELIVERY

CONTENTS

Reflections from a CIN Managing Partner

W illiam Arthur Ward said, "The pessimist complains about the wind; the optimist expects it to change; the realist adjusts the sails." The COVID-19 pandemic has forced the adoption of numerous changes across the health care delivery world, including for my own organization, Sharp Community Medical Group (SCMG) in San Diego.

As with most providers in California, our network quickly implemented new platforms to interface with patients outside of the office. Doxy.me, Apple FaceTime, and audio-only methods enabled a connection with patients that hadn't previously been part of our care delivery. Although the number of in-person visits have increased since the early days of the pandemic, it's clear that excellent care can be delivered virtually. We have worked diligently to ensure that patients and providers have the correct technological set up and skills to navigate our telehealth system.

One challenge for SCMG has been how to continue patient outreach addressing gaps in care, particularly for patients in need of ancillary services but hesitant to return to in-office visits. Many of our offices instituted
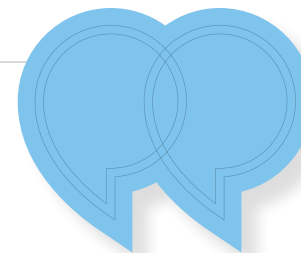
> The winds of the pandemic have swept strongly across health care this year and there's no doubt that we're all still trying to figure out how best to adjust the sails."

new workflows to avoid losing ground in these efforts. For example, as the rate of colonoscopies decreased after the stay-at-home orders were put in place in March, we attempted to improve patient adherence through enhanced outreach for colorectal cancer screenings. One novel approach at one of our larger practices was the implementation of outdoor COVID-19 testing, and two of our practices are planning for an outdoor flu clinic.

Reflections from a CIN Managing Partner

"It's been a year unlike any other, and the changes we're now seeing in our clinics, through our screens, and using methods we hadn't previously considered to improve patient care, will surely chart our course for the years ahead.

Other new practices include adapted workflows for nurse visits to ensure proper blood pressure control and exploring options to offer home lab services (with a kit mailed to the patient) to complete HbA1C and Urine Microalbumin tests.

The winds of the pandemic have swept strongly across health care this year and there's no doubt that we're all still trying to figure out how best to adjust the sails. Our experiences at SCMG exemplify the many ways we as health care professionals are adapting to our new normal and looking for ways to better serve patients. This issue of *CIN Connections* details the experiences of Dr. Mitch Katz, President and CEO of NYC Health + Hospitals, at the start of the pandemic surge in New York City. He shares how they had to rethink health care delivery in real time to keep people alive and what he's learned from the experience. We will explore how CIN partners have adapted how they work in the midst of this massive change, and how CIN has adjusted programming to meet member needs. It's been a year unlike any other, and the changes we're now

seeing in our clinics, through our screens, and using methods we hadn't previously considered to improve patient care, will surely chart our course for the years ahead.

Sincerely,

Lloyd Kuritsky, DO
CIN Managing Partner and Medical Director of Population Health at Sharp Community Medical Group

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Dr. Mitch Katz on Innovations, Failures, and Leadership Lessons During the COVID-19 Pandemic

Mitch Katz, MD

President and CEO of
NYC Health + Hospitals

Sunita Mutha, MD

CIN managing partner and
Director of Healthforce Center
at UCSF

O n March 1, 2020, there were no known COVID-19 patients in New York City. By mid-April, the NYC Health + Hospitals system had over 4,000 COVID-19 patients and had tripled the capacity of its Intensive Care Units (ICUs) across the city. Dr. Mitch Katz, President and CEO of NYC Health + Hospitals, shared his experiences at the helm of the largest public health care system in the United States during the onset of the pandemic with CIN partners. In conversation with Dr. Sunita Mutha, CIN managing partner and Director of Healthforce Center at UCSF, Dr. Katz described this as one of the hardest things he's had to do in over 30 years of practice and outlined what he learned and how his thinking evolved over the course of the pandemic's initial months. This article outlines how NYC Health + Hospitals integrated new innovations and approaches to patient care in direct response to the COVID-19-related surge.

Adapting What You Do in a Crisis Is Essential Because the Usual Rules No Longer Apply

Change is hard for everyone. It's harder still when lives are at stake and you have to set aside your established routine and adapt
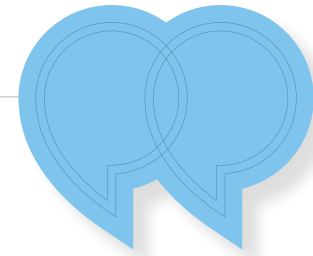
> What was both necessary and so hard — in the midst of this crisis — was getting people to work in a way that was counter to how we were all trained…You can't possibly focus on nurses' notes with six intubated patients."

under pressure to a whole new mode of operating. Given the hospital conditions imposed by the surge of COVID-19 patients, Dr. Katz recognized that his staff needed to focus their efforts solely on keeping patients alive, as there were too few resources to manage patient record keeping or the usual protocols.

Dr. Mitch Katz on Innovations, Failures, and Leadership Lessons During the COVID-19 Pandemic

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"What was both necessary and so hard – in the midst of this crisis – was getting people to work in a way that was counter to how we were all trained…You can't possibly focus on nurses' notes with six intubated patients." His challenge was getting everyone on the same page about how their role would be different under these new, crisis-driven circumstances.

This paradigm shift in how to approach clinical care meant finding new ways to triage patients in already full hospitals with limited resources and limited knowledge of coronavirus infection control. Dr Katz noted, "There is no success in following the rules in this case. We had to focus on saving the maximum number of lives." Care was distilled down to the problem of the moment: how do we keep these patients oxygenated? How do we keep them alive?

When the Usual Rules No Longer Apply, Innovate Solutions That Address the Need

Coping with the overload of patients arriving at hospitals across New York City required Dr. Katz and his team to adopt new strategies. Some specific innovations included putting two patients of unknown status in the same room when space became an issue (as this was safer than having patients cluster in emergency department waiting rooms) and

setting up a live call line staffed by doctors and nurses who could provide real-time advice without referencing patients' electronic records or charts (allowing greater remote support for potential COVID-19 patients and likewise limiting the number of patients waiting in emergency departments).

These were unprecedented steps by Dr. Katz and his staff to deal with a novel situation. "My job as a leader was to support people without knowing the information. I took responsibility for making the decision."

### To Prepare for a Crisis, Make the Changes That Best Serve Your Organization

When asked how he's preparing for the next possible wave of COVID-19, Dr. Katz replied that he is focusing on what improvements the health system should make, regardless of the next crisis. In other words, what should his organization be focusing on to best serve patients, irrespective of COVID-19?

He outlined changes he believes would better enable his staff to do their jobs effectively, including having microphones and cameras in every hospital so that staff could check in remotely. He suggested replacing opaque doors with glass and installing more windows and plexiglass to increase visibility and provide

Dr. Mitch Katz on Innovations, Failures, and Leadership Lessons During the COVID-19 Pandemic

> "A crisis is not the time to reinvent yourself. You have to believe you're going to get through it the way you have every other difficult moment. What is your method?
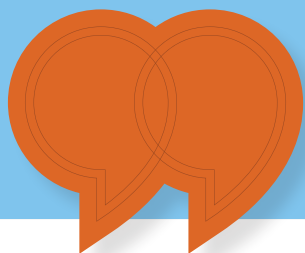
protective barriers, as well as changing ventilation systems to mitigate infection transmission.

Additionally, Dr. Katz spoke about enabling patients to take better care of themselves without the need for an in-office clinical visit. One critical change was providing equipment for patients to monitor their own health, including blood pressure cuffs, blood glucose monitors, and oxygen saturation monitors. By modifying the electronic health record system, NYC Health + Hospitals made it possible for patients to provide their recordings to clinic assistants and add this data to their permanent health record. They saw a huge increase in the use of their online patient portal, MyChart, which enables patients to see their labs and access their doctors remotely via a secure email system. A significant modification to this system prompted by COVID-19 was allowing patient access via smart phone, which had not previously been possible.

Applying what they learned from the initial surge of COVID-19, Dr. Katz and his staff are detailing plans for distribution and management of resources in future surges and other extreme situations. Some of the ways they plan to provide care differently include prioritizing building capacity at trauma centers that are better equipped to deal with acute

patients than hospitals and outlining protocols for intersystem transfers. They are also building online "YouTube style" internal resources to empower all staff to operate all equipment on site during any crisis which may leave the hospital short-staffed.

Dr. Katz said that what got him through the challenge of these difficult decisions was that he approached them the same way he has approached other hard decisions: by supporting the work of his team, asking questions, and not pretending to know the answers. He reflected on what leading change in such a difficult moment has taught him, "A crisis is not the time to reinvent yourself. You have to believe you're going to get through it the way you have every other difficult moment. What is your method?"

Mitch Katz, MD
President and CEO of NYC Health + Hospitals
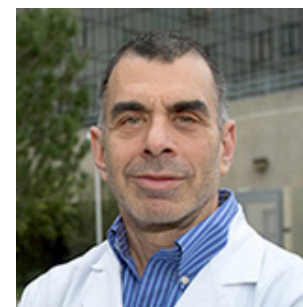
Four Lessons on Leading in Crisis

Mitch Katz, MD

President and CEO
NYC Health + Hospitals

1 **Find a leadership style that works for you.** I am not a micromanager. My job is to support people and block opposition so that the people who are doing the real work can do it. My job is to tell people, "You know what you're doing. I don't know need to know everything, but I'm here if you need help making the decision."

2 **Assemble a team of leaders who actually like each other.** Early on, I took for granted that when you manage health care institutions, you manage strong people with strong personalities and must accept certain amount of competition. Given the level of complexity that exists in NYC Health + Hospitals, I have to have a team that likes each other. They have to want to work with each other. When I put together teams, I put a lot of thought into whether people can work with one another. I make choices to find people who work well together and who are capable of getting along and helping each other, which is essential in emergency situations.

3 **Trust your own formula for success in a crisis.** Throughout my career, my formula for leading has been low-ego, meaning I don't have to know the answer. I just have to know people who know the answer. I've been described by a former colleague as someone who is really good at taking counsel. I also give all the credit to the people actually doing the work. It has always worked for me.

4 **Know what motivates people.** I always try to lead through mission. Maybe it's easier with a public hospital. I can't offer financial compensation. What I can offer is the best mission. I offer people the opportunity to offer the best care. Everybody deserves the best care. How great is that, to spend your day saving lives? So much of what I spend time on is mission. If I can impart the joys of our mission and remind staff it's such a privilege to save lives, in the end, this is the most important part of what I do as a leader. In the moment, we were saving people's lives. What a thing to know . . . When the world had the worst pandemic in 100 years, you saved people's lives. I offer the right frame for staff to think about their efforts. The frame is: You saved lives.

How CIN Partners Provide Care Differently and Manage Rapid Change

O ver the course of the COVID-19 pandemic, health care providers have been catalyzed to find new ways to meet patient needs. The experience of sheltering in place, social distancing, racial health disparities, and a dynamic understanding of viral transmission and containment have had lasting impacts on how we think about and deliver health care. CIN's partner health organizations are managing immense change and finding new ways to streamline their work.

Telehealth: From Ramping Up, to a New Means of Delivering Health Care

Echoing Dr. Katz's reflection on rethinking models for care delivery outside of a clinical setting, many partners noted telehealth integration as an important success that will endure beyond the crisis. Overcoming initial obstacles such as inadequate technology infrastructure and training, organizations were able to quickly ramp up delivery and meet many patient needs remotely. Dr. Ravi Kavasery, Medical Director for Quality and Population Health at AltaMed Health Services, noted, "We achieved years of work in months to get the infrastructure in place. We're
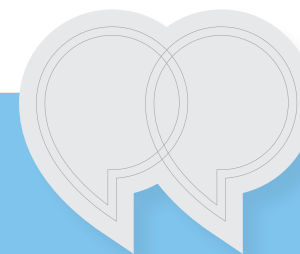
> We achieved years of work in months to get the infrastructure in place. We're planning for a world where telehealth is here to stay."

planning for a world where telehealth is here to stay."

The Crucial Role of Partnerships in Crisis Management

Molly Hart, Director of Clinical Optimization at Community Health Center Network (CHCN), shared the critical role that partnerships played as her organization scaled up COVID-19 testing early in the pandemic, when testing sites were

How CIN Partners Provide Care Differently and Manage Rapid Change

scarce and in high demand. While many organizations were struggling to find test kits and labs were backed up, CHCN was able to establish partnerships with research labs at UCSF and UC Berkeley to efficiently process COVID-19 tests from their clinics and work within the limits of the testing these labs could accommodate.

Continuing Successful Patient-Centered Processes in Times of Crisis

Megan O'Brien, Senior Program Manager for Value-Based Care at the Center for Care Innovations (CCI), shared how work by the Resilient Beginnings Collaborative (RBC) to support safety net organizations helped strengthen their response to the many challenges of 2020, including the pandemic, wildfires, and ongoing police violence towards Black people. Under the influence of the RBC, these organizations had established a shared language which helped identify the support needs of staff and providers during the chaotic months ahead. Teams reported that their leaders were "getting it" in a more meaningful way and that their organizations were already emphasizing the importance of trauma and resilience-informed care at the onset of the COVID-19 pandemic.

### Finding New Practices to Communicate, Connect, and Support Staff Remotely

Communication is foundational to managing change, but it plays an even more vital role in moments of crisis when there's a clear break from "business as usual" and people are unable to interact or work in the way they're accustomed to. Organizations are more likely to be successful when they are able to implement effective communication practices to keep staff connected, are transparent about both the changes and unknowns ahead, and provide support to staff for challenges outside of work.

Michelle Wong, Director at Kaiser Permanente's Care Management Institute (CMI), shared the importance of considering a team's overall well-being and giving support to both introverts and extroverts when connecting remotely. Her team has been intentional about meeting more frequently during the pandemic and using icebreaker activities to foster connection, and Wong noted that these efforts have bonded their team in a special way.

During this discussion, various partners mentioned the challenges of remote communications, and the difficulty of balancing staff screen time given the high volume of Zoom

How CIN Partners Provide Care Differently and Manage Rapid Change

"In the organization I work for, we have a fairly flat structure. It reinforces the benefit for us. Dr. Katz made point about taking responsibility for decisions, but you can only really do that when you have a pulse on what's going on within a dynamic setting and you're close to the information.
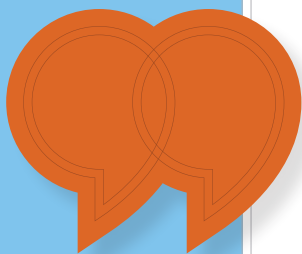
calls. Dr. Danielle Oryn, Chief Medical Officer of Redwood Community Health Coalition, relayed that one specific technique they've adopted is to schedule all meetings 10 minutes after the hour and have music playing as people come online.

The Need for Organizational Agility in the Face of Change

Change came hard and fast for health care organizations in 2020, and adaptation to unforeseen changes over the course of the year was essential. Several partners indicated seeing their health care organizations flatten to enable staff to make decisions quickly.

Douglas Flaker, Director of Resource Development for Health Quality Partners, noted that operating with a flatter organizational structure had been positive for his organization. He observed that while managing multiple direct reports may require additional effort, it results in faster access to primary information. "In the organization I work for, we have a fairly flat structure. It reinforces the benefit for us. Dr. Katz made a point about taking responsibility for decisions, but you can only really do that when you have a pulse on what's going on within a dynamic setting and you're close to the information."

What's Next

Of the many lessons learned from the pandemic thus far, there's agreement that we need to continue thinking outside the box when traditional approaches are not meeting patient needs. In some instances, this requires trying out multiple simultaneous strategies to test what works, and to recognize when a particular method isn't working so that resources can be redirected to other efforts. Staying agile also means anticipating needs and planning for how to serve the hardest-hit patient populations, including those facing systemic discrimination.

In this time of uncertainty, where health care professionals have been both a part of and witness to significant change – exacerbating some of the best and worst aspects of health care delivery – there seems to be a tacit understanding that everyone will keep doing what it takes to meet patient needs, no matter the obstacle. We are still in the throes of figuring out the best path forward, and only the passage of time will bring more clarity: Which parts of these changes within health care organizations will stay as part of the new normal, and which will go?

Five Strategies for Effective Virtual Sessions

Marie Hubbard, MSW

Program Manager,
Leadership Development
Healthforce Center at UCSF

C IN, like most organizations, had to pivot in 2020. In order to continue building meaningful relationships and foster the learning that supports work by CIN partners and member organizations to improve health care delivery for all Californians, CIN is currently a 100% virtual network. Here are five key strategies, drawn from CIN events, for effective virtual gatherings to consider for your own upcoming meetings, convenings, trainings, and retreats:

1 Build in time for informal interaction. Unstructured check-in time gives participants the opportunity to settle in, build new connections with others who share similar challenges, and invest in existing relationships. For CIN, these moments of bonding establish trust and pave the way for participants to let down their guard during the meeting and share authentically. For teams and organizations, this informal interaction allows for personal connection that is invaluable for effective collaboration. The objective is to be intentional about building in unstructured time as part of the meeting itself. This could be as brief as a 30-minute informal gathering prior to the start of a morning session or a (virtual) lunch session. Be prepared to have a few opening questions to help get the conversation started.

2 Foster meaningful engagement by simulating opportunities for individuals to contribute to the discussion. Don't just ask the audience to type their question into the chat. Instead, request that participants signal they have a question and have the discussion moderator call on them in order to cue their moment to contribute verbally to the discussion. This approach provides compelling group engagement by simulating the dynamics of a facilitated in-person meeting. For smaller meetings, a round-robin approach will ensure that all team members have a chance to be heard.

3 For longer meetings, be intentional about creating breaks. Whether you ask participants to pause and reflect on the previous discussion or encourage them to get up and move away from their screen for a few minutes, downtime leads to more intentional engagement. During a technical transition at the fall CIN partner meeting, the

Five Strategies for Effective Virtual Sessions

Interested in more tools for running effective virtual sessions?

CIN is currently wrapping up the **"Design to Engage: Building Effective Virtual Meetings"** training with 50 participants from CIN partner and member organizations. Highlights of the training will be shared in an upcoming newsletter and on CIN's website in early 2021.

moderator encouraged participants to turn off their video, allowing participants a moment to decompress and refresh away from their screen before the next exercise started.

4 **Incorporate time for small group discussion, including time for participants to work together with a colleague.** In both our virtual and in-person programming, we have found that the use of small groups encourages connection among attendees. This is particularly useful when you can group people from the same organization or team to devote dedicated time to action planning and problem solving to advance their organizational priorities. Keep in mind that more time is better than less for these small group discussions.

5 **Successful virtual and in-person meetings are all about thoughtful design.** Whether it's in front of the computer or in a large room full of people, nobody can be expected to focus and engage sitting in one place for an entire day. It is imperative when designing programming to consider the length of the meeting, what content can be shared and prepared prior to the meeting, and

how to best engage the audience during the meeting with the time you have. Our learnings tell us that 90 minutes to 3 hours is enough programming time for a virtual setting, and that it helps to break up the content into multiple shorter sessions where possible. For one-to-one and team meetings, aim for 50 minutes or less.

Marie Hubbard, MSW
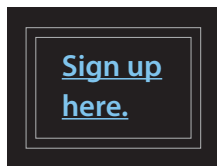Program Manager, Leadership Development
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Have you tested out any of the quality improvement recommendations or tools included in this issue? Tell us how it went. We are here to answer your questions or connect you to additional resources. Email us at CIN@ucsf.edu.

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