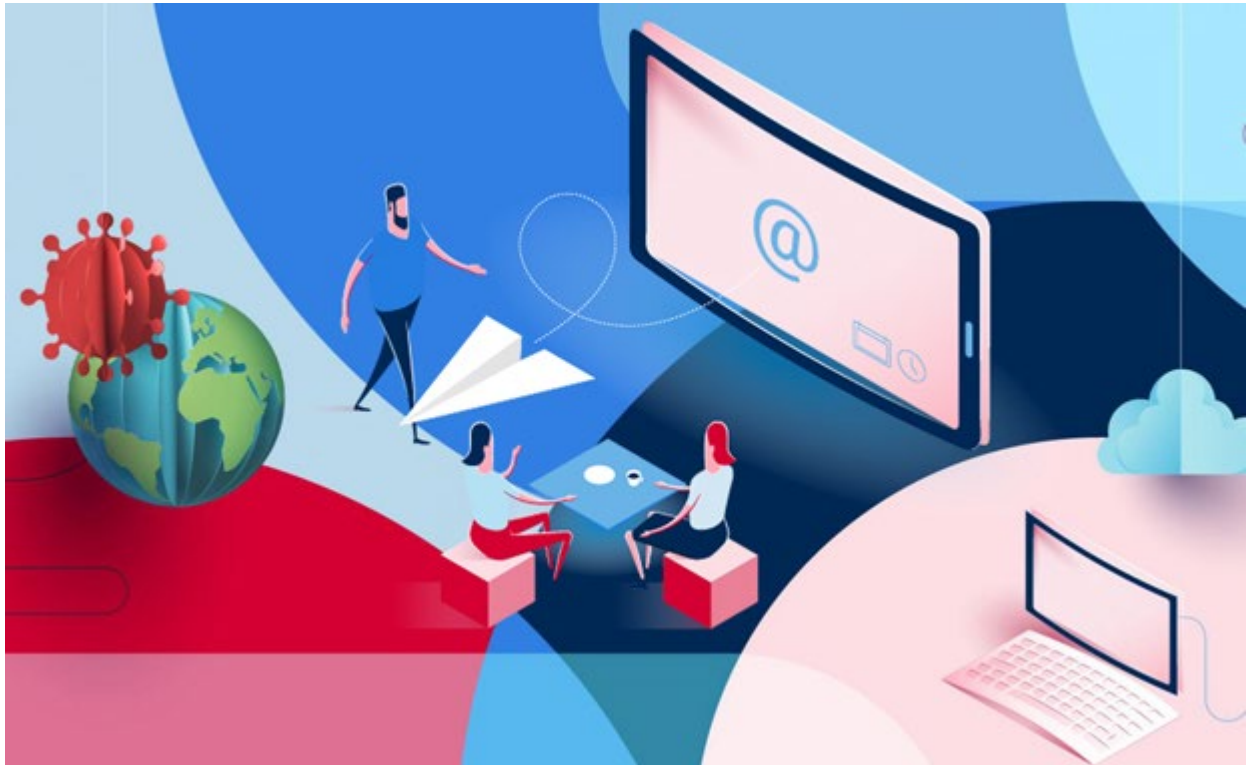


THIS WEEK



What high-functioning innovators are doing during the pandemic

Five months into COVID-19, it can be tough to envision what health care will look like when we emerge from the pandemic. Yet that's exactly what some of the most nimble, high-functioning and innovative health care organizations are doing.

They're exploring new models of care, redesigning staff roles, workflows and relationships for future flexibility, and examining ways to be more resilient during turbulent times. They're leveraging lessons learned about how to deploy digital tools to better engage patients in a post-pandemic world, ways to integrate physical and behavioral health and how to achieve equity.

The COVID-19 pandemic is causing significant increases in stress and psychological distress for a large proportion of the population, and rates of depression and anxiety are increasing. Medical hospitalization can be an under-recognized opportunity to optimize both mental and physical health outcomes. As a result of the pandemic, many behavioral health hospitals and service lines have created COVID-19 + treatment programs, while some general hospitals are increasing screening and treatment for behavioral health disorders. At [Cedars-Sinai Medical Center](#), 95% of patients admitted to the hospital receive screening and evaluation for depression, while the [University of Rochester Medical Center](#) has implemented a

multidisciplinary proactive consultation model, which is associated with a significant reduction in length of stay and has shown a positive return on investment.

In planning new care models for the future, leaders from Atlantic Health System used their value-based care delivery strategies developed before the pandemic as a launching pad for their COVID-19 response. Their integrated care, telemedicine and team-based approaches have been critical to managing the health of patients during the COVID-19 pandemic.

Meanwhile, clinical and community health leaders from Augusta Health, Centra Health and Case Western Reserve University's Center for Community Health Integration shifted their cross-sector and community partnership work in the short term and used lessons learned during the pandemic crisis to reshape their priorities and align efforts. On a larger scale, the impact of the COVID-19 pandemic has illuminated inequities in outcomes, underscoring the need to address the underlying causes such as differences in socioeconomic conditions, access to early screening and care, and underlying disease risk.

Leaders from 25 hospitals and health systems will be discussing innovative solutions like these that they developed during the pandemic in "[Navigating a New Reality](#)," a virtual conference to be held Sept. 14-16. Sponsored by the [AHA Center for Health Innovation](#) and the [Society for Health Care Strategy and Development](#), the event will bring together the field's leading thinkers, strategists and innovators who are shifting their business models. What's more, attendees will have access to all sessions for 90 days after the conference.

With hospitals and health systems of all sizes participating, the conversations will focus on six themes:

- Financial recovery.
- The digital patient experience.
- Workforce resiliency.
- Clinical care innovations with attention to equity.
- Strategic planning implications around new models.
- Consumer perceptions and communications.

The [complete list of conversations](#) will provide innovation insights and practical takeaways to health care executives, trustees, strategic planning and business development executives, clinical leaders and others.

[Register now.](#)

3 CONSIDERATIONS FOR RESTARTING SURGICAL SERVICE DURING THE PANDEMIC

Deferment of medical care during the pandemic has had negative consequences for patients and providers. And even now, with most states lifting restrictions on so-called elective surgeries, the issue of how to quickly and effectively restart these services could bring unintended consequences.



Ambiguous policies and procedures for scheduling and distributing resources across elective surgical cases can create bottlenecks that impede overall hospital operations, a group of clinical and operations management leaders at Johns Hopkins recently noted in the [Harvard Business Review](#). Likewise, restart strategies that fail to provide equitable access to care inadvertently may favor economically advantaged patients while reinforcing existing disparities in access and quality.

The authors explain that most elective surgical cases fall somewhere between vital preventive measures (e.g., colonoscopy screenings) and essential surgery (e.g., cataract surgery) and that clinical research across surgical specialties demonstrates worse patient outcomes and higher costs when these treatments are delayed.

They offered several strategies that health care leaders can employ to meet their clinical goals while striving for better operational efficiency and equity in access to care, including:

Simplify patients' surgical care experiences: Deploying dedicated surgical navigators can help patients by providing logistical planning information and critical visibility to financial and clinical information. These navigators can assist with preoperative appointments and requisite work-up including COVID-19 testing, telemedicine logistics, day-of-surgery arrival and drop-off details, and postoperative care coordination.

Form dedicated teams to improve operating room efficiency: Hospital and surgical leaders often expect that staff should cross-train to work interchangeably with a diverse range of surgical teams. The idea is to optimize use of limited resources and ease staffing restraints, but these models often can generate significant inefficiency in the OR, the authors state. Substantial research shows that dedicated OR teams help increase throughput, lower error rates, reduce waste and improve satisfaction among team members.

Develop bias-aware algorithms to prioritize surgeries: Algorithms already are being developed to automatically prioritize patients in real time. Johns Hopkins Medicine's Hopkins Business of Health Initiative is working on one such algorithm. It considers: surgical risk factors (e.g., patient age, surgical urgency), capacity requirement factors (e.g., OR time, personal protective equipment consumption, intensive care unit bed requirements), and COVID-19 risk factors (e.g., COVID-19 status, case transmission risk and COVID-19-specific comorbidities) to provide consistent, systematic prioritization decisions among those patients in need of elective surgery. The trick will be to ensure that algorithms are aware of potential biases and are transparent and consistent.

We want to hear from you! Please send your feedback to Bob Kehoe at rkehoe@aha.org.

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