

## Health System 100 Coronavirus Task Force Executive Summary

### April 9 - Preparing for Peak: The Battle of the CV Surge

*April 9, 2020*

Through complimentary weekly **Health System 100 Coronavirus Task Force** conference calls with top experts and providers on the front lines, we aim to **share best practices in crisis management** and **valuable business-scenario planning**.

This week focused on how different health systems across the country are preparing for or are currently managing the surge, and healthcare analyst Paul Keckley forecast the impact of the virus on the healthcare system at large.

#### **Guests:**

**Paul Keckley**, Managing Editor, The Keckley Report

**Emme Deland**, Chief Strategy Officer, NY Presbyterian

**Jennifer Humbert**, Vice President of Telehealth, Ochsner Health

**Scott Kashman**, Chief Officer of Hospital Operations, Lee Health

**Barbara Kenney**, Senior Director of Care Management, AdventHealth Hendersonville

**Pauline Lodge**, SVP of Strategic Planning, Beth Israel Lahey Health

#### **The Outlook**

**Paul Keckley** offered a sobering economic impact report, including a vision of a post-pandemic restructuring of the US healthcare system. With the federal government as a backstop to prevent the failure of the healthcare system, a Public/Private collaboration will likely emerge that will be forced to address fundamental, macro questions about the future of care delivery, including how to bridge the gap between social services and healthcare services, as well as “how to rationalize high-cost programs that are duplicative in many markets.” He underscored that we’ve seen 16M jobs lost in three weeks (vs. 8M in ‘08) and a negative GDP for 2Q (and probably 3Q and maybe 4Q).

- **Stimulus NOT enough** – Paul says the \$117B from the Cares Act earmarked for hospitals and health systems will “not even come close” to being enough, and will cover only about one-fifth of what systems will lose on the loss of elective procedures.
- **Tough Decisions Ahead** – The next 6 to 8 weeks will be “critical for health systems” as the new Economic Task Force will decide how to keep cash-strapped systems afloat, including access to

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capital and debt obligations. We'll be redefining what it takes to be "a solvent, sustainable regional system of healthcare."

- **Winners and Losers** – Health plans will be at an advantage and will fare the best post-pandemic. But large IDNs with regional density and balance sheets above \$3B will fare well too, Paul believes.
- **Employing Physicians** – The new landscape will see more competition for the control of doctors, as PE continues to offer physicians "shelter from the healthcare storm". (He cited 281 PE-backed Phys Groups deals in 2019.) Going forward, health systems will have to consider operating an employed medical group, which he anticipates will drive an uptick in M&A activity.

#### Critical Learnings from the Front Lines

Health systems across the nation are expressing a sense of cautious optimism about the COVID-19 situation. Hot spots like New York, Boston, and New Orleans report new cases are starting to flatten. **Jennifer Humbert** at Ochsner Health says social distancing measures are working in south-central Louisiana as Ochsner is focused on sustaining the flattening while still on "high alert." **Emme Deland** (NY Presbyterian) says they're carefully studying other countries for signals, but now thinks NY is so dense that the epidemic will not end as precipitously as expected in Italy. Yet Emme is optimistic the combination of readily available testing and antibody measures will make the crisis "manageable over time."

#### ICU and Bed Capacity

**NY Presbyterian** has been deft in its expansion, increasing initially to 800 ICU beds (from 400), and is now up to 1200. Southwest Florida's **Lee Health** started with cohort units, then secondary cohort units, and eventually set up tents in its ER parking lot (Lee has 74 positive cases in house, plus 228 PUIs.) **Pauline Lodge** at Beth Israel Lahey Health reports opening critical care units in "every corner of the hospital," including PACU and Pre-Op. **AdventHealth Hendricksonville** has prepared 36 back-up units in its psychiatric ward and is exploring dorm rooms at the Adventist Academy if demand warrants.

#### Supplies (PPE, Vents, Masks, etc.)

**Beth Israel Lahey Health** (BILH) has been burning through 16k surgical masks and 6k N95 masks daily. To reduce waste, they propped up a Vaporized Hydrogen Peroxide unit, basically a truck container that

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can disinfect 5000 masks in 30 minutes (For information, [click here](#)). **Pauline Lodge** says educating staff on the need to recycle PPE has been a challenge. Several systems have been using 3D printers to make testing swabs in house, an “absolute essential tool,” according to **Jeff Kraut** from Northwell Health in NY. Yet Northwell is still experiencing shortages in lab reagents, gowns, oxygen concentrators, and pulse oximeters. Conversely, at Lee Health in SW Florida, **Scott Kashman** says ventilator stock is strong. They have 72 in use, 119 available immediately (either purchased or sourced from medical schools) and the option of obtaining up to 500 if necessary.

#### [Decanting to Post Acute](#)

**AdventHealth Hendricksonville** in rural NC is collaborating closely with SNFs and CCRCs, including weekly conference calls to review resident status and PPE protocols. The system is in discussions to lease a 24-bed wing of a local SNF to decant underserved or underfunded patients. Their infectious disease doctors are also training the SNF staff. In Florida, where the state has imposed restrictions on the use of SNFs to take CV patients, **Lee Health** has reengineered a former Skilled Nursing Unit in-house; they’re also looking at renting SNF beds to serve as surrogate inpatient beds. In Boston, **Beth Israel Lahey Health** has not been able to cohort CV patients in SNFs because the outbreaks within those facilities are too significant.

#### [Telehealth](#)

All systems report increases in remote care delivery. **Ochsner Health** in New Orleans set in motion one month ago an aggressive reengineering of its workflow to replace much of its in-person care with telehealth. For all of 2019, it reported 3200 urgent care e-visits. Today, it’s conducting 4000 daily virtual encounters, including dedicated virtual teams of nurses, assistants, and therapists using iPads and mobile carts (for CV and non-CV cases). **Jennifer Humberts** says allowing CV patients to engage remotely with unmasked nurses has helped reduce anxiety.