

## Health System 100 Coronavirus Task Force Executive Summary

March 23, 2020

**David Ellis**, Founder and President, Lincoln Healthcare Leadership

**Roberto Cosentini, MD**, Head of ER Medicine, Papa Giovanni XXIII Hospital (Bergamo, Italy)

**David Langer, MD**, Dept. Chair, Neurosurgery, Lenox Hill Hospital, NYC (Northwell Health)

**Doug Smith**, CFO, Integris Health (Oklahoma City, OK)

The coronavirus spread is accelerating nationally. In the week between the first HS100 Task Force call (on 3/19) and the second (on 3/26) the infection rate in the US rose to 85,435, up from 13,775. Health System 100 Managing Director **David Ellis** cited the Lincoln Healthcare Leadership U.S. Coronavirus Surge Model” ([access here](#)) and observed we’re starting to see regional variability in the spread and impact, including new “hot spots” in Atlanta, Detroit, New Orleans, and Chicago.

### Part I: Italy and NYC: Lessons from the Front Lines

Two physicians from the front lines of the COVID-19 battle (Bergamo, Italy and New York, NY) shared advice for health system leaders whose regions are preparing for a surge. Italy has finally “reached a plateau” on the infection curve, said **Roberto Cosentini, MD**, Head of ER Medicine at the Papa Giovanni XXIII Hospital in Bergamo, Italy. Cosentini played a major role in the restructuring of his hospital’s ED by tiers of intensity of COVID-19 patients and advised other health systems to adhere to four preparation priorities:

- Empty your hospital now (to make room for COVID-19 patients)
- Re-organize your ED
- Enact strict infection control measures
- Prepare staff mentally for what’s to come – it will take a mental toll.

As cases flatten in Italy, they’re surging in New York. (As of 3/26, New York State had 37,258 of the 85,435 US cases or 44%). **David Langer, MD**, Department Chair, Neurosurgery, Lenox Hill Hospital, NYC (Northwell Health) shared three preparation factors he considers vital:

- Well-managed, streamlined communication across the enterprise (“*There must be great communication. I can’t emphasize that enough.*”)
- The ability to increase, or “flex”, one’s ICU bed capacity (Langer’s Lenox Hill Hospital expanded capacity from 48 to 120 ICU beds)
- Secure enough intensivists to cover your increase in ICU beds (Lenox Hill has shifted outpatient staff (OP) to the inpatient side (IP) to meet this need).

Langer also touted the benefits of telehealth to facilitate communications with patients and family and referenced a phone-based app they’re using called [Playback Health](#).

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### Part II: The Impending Hospital Financial Crisis

In addition to the growing clinical crisis, a rapidly growing financial/economic crisis is looming for many health systems as states mandate the discontinuation of elective surgeries and hospitals incur unbudgeted crisis-management expenses. Integris Health CFO **Doug Smith** said health systems must start putting in place plans to “weather the long-term storm” and offered the following advice:

- Build out weekly cash models (with projections for revenue decreases by 50% or more)
- Review your bond covenants and know your obligations
- Consider a new line of credit as a stopgap to bridge your organization’s financials
- Go to FEMA and make the case for emergency funding.

On a bright note, Smith sees two factors that will help alleviate the financial burden: the fed’s delay of payroll taxes; and the anticipated increase in Medicaid payment (from CV19 patients).

### Additional Resources

- An illustration of an ED reorganization in a Bergamo hospital can be found [here](#).
- The administration of C-PAP in Italy was done through a “helmet” style oxygen mask, which is illustrated [here](#).