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ENHANCING PROVIDER PERFORMANCE & CLINICAL INTEGRATION

Q2 2021 | V 16 NO. 2 | HEALTHTRUST

IN NURSES WE TRUST

Jane Englebright, Chief Nurse Executive at HCA Healthcare, explains how we can meet the needs of these essential professionals

IN SYNC

Optimizing COVID care coordination

SOCIAL STATUS

How social determinants are affecting public health & why that should change

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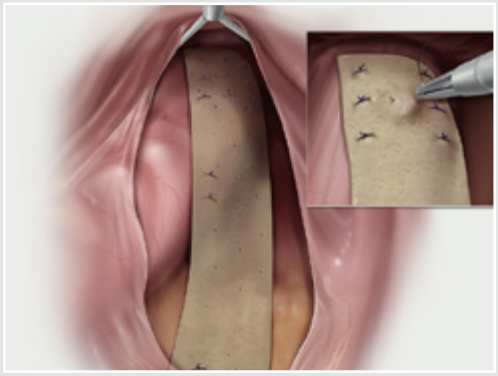

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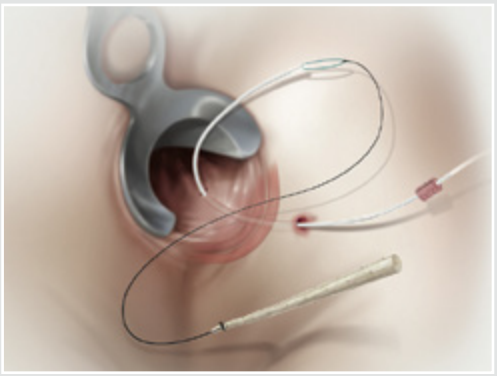

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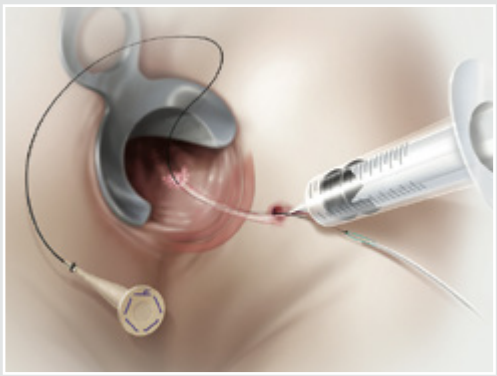

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Social determinants are affecting public health & that needs to change.

EDITORIAL CONTRIBUTIONS:
Clinicians and staff within HealthTrust member facilities are invited to share their expertise as part of upcoming stories. Readers are also invited to suggest other experts for interviews or article ideas for publication consideration. Preference is given to topics that represent:

* Clinical or supply chain initiatives that exemplify industry best practices
* Physician Advisor expertise
* Innovation, new technology, insights from data and analytics
* Positive impacts to cost, quality, outcomes and/or the patient experience

Contact Faye Porter at **faye.porter@healthtrustpg.com** with suggestions. (Note: HealthTrust reserves the right to edit all articles and information accepted for publication.)

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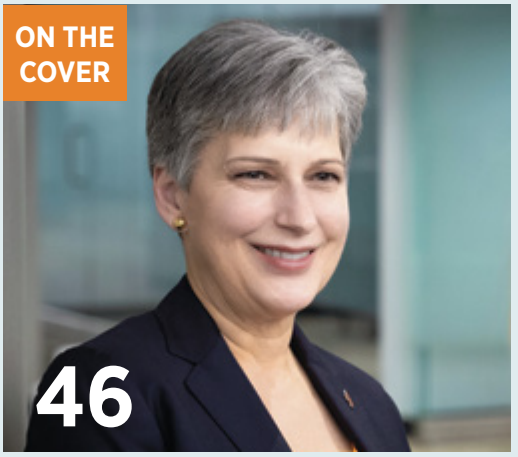
THE WINDING PATH TO VBC
The journey to a reformed healthcare model has been impacted by the global pandemic.



IN NURSES WE TRUST
HCA Healthcare's Chief Nurse Executive explains how we can meet the needs of these essential professionals.

HealthTrust (Healthtrust Purchasing Group, L.P.) is committed to strengthening provider performance and clinical excellence through an aligned membership model and the delivery of total spend management advisory solutions that leverage our operator experience, scale and innovation. Headquartered in Nashville, Tennessee, HealthTrust (**healthtrustpg.com**) serves over 1,600 hospitals and health systems, and more than 55,000 other member locations, including ambulatory surgery centers, physician practices, long-term care and alternate care sites. Follow us on Twitter **@healthtrustpg**.

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CEO perspective

The risk/resiliency supply chain balance

The benefits of bringing manufacturing closer to home was one of seven healthcare supply chain themes addressed in a white paper recently published by the Association for Healthcare Resource & Materials Management of the American Hospital Association. It's a focus shared by healthcare providers across the country who felt the crippling impact of overreliance on foreign manufacturers to supply so much of the desperately needed personal protective equipment (PPE) in the fight against COVID-19.

After reflecting and realigning from experiences over the past year, HealthTrust and providers have shifted to meet emergent needs of healthcare workers and their patients with enhanced measures to protect supply chain stability for mission-critical products and services. This includes more dynamic risk assessments centered on diversification and risk mitigation throughout the supply chain, including the use of vertically integrated suppliers, domestic or near-shore solutions, and suppliers with multiple and redundant supply chain safeguards.

AN A-PLUS PARTNERSHIP

As shared in the Q1 edition, HealthTrust will co-manage a new joint-venture (JV) partnership to domestically produce level 1 and level 3 masks for the U.S. market. We are proud to announce A Plus International, Inc., as the manufacturing partner and co-manager with HealthTrust of the JV, headquartered in North Carolina. HealthTrust's subsidiary Resource Optimization & Innovation, LLC, (ROi) will serve as the primary distribution partner.

This JV is just one of many opportunities to support a more secure supply chain and put the focus of healthcare back on patient outcomes versus industry constraints. HealthTrust will continue to contract with other suppliers to ensure member organizations have a diverse portfolio of PPE options to meet their needs.

OPTIONS FROM ROi'S REGARD

Early in the pandemic, ROi, with its Regard brand of products, secured inventories of products to assist HealthTrust members with PPE, including surgical and procedural masks, N95 respirators, face shields, ear savers, and cover and isolation gowns. ROi's Regard portfolio is not just PPE, however; it includes 500-plus products, all of which meet the technical and regulatory requirements for quality and safety, including registration with the Food and Drug Administration, where required.

Also available to HealthTrust members are the Regard Clinical Packaging Solutions from HealthTrust subsidiary ROi CPS, LLC, offering customized surgical packs tailored specifically for clinical end users. For more information on these products and services, contact your HealthTrust Account Director. **HT**

Ed Jones
President/CEO, HealthTrust
Publisher, *The Source* magazine

VISIT the "News" section of the HealthTrust website, healthtrustpg.com/news-events, to read press releases about the JV partnership (January 2021) and the acquisition of ROi (October 2019).

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CMO perspective

A silver linings "playbook" for healthcare

With more than 170 million vaccines administered as of this writing, I am optimistic that the COVID tide is slowly turning and that we could be on the way to what one day may be herd immunity. While the past year was exacting on healthcare providers and the population as a whole, many of the opportunities seized and lessons learned will fundamentally alter life as we knew it.

Countless forms of innovation were the result of unprecedented collaboration throughout the pandemic from alliances between the public and private sectors as manufacturers, scientists, healthcare systems and staff, communities and individuals joined forces on a common mission: fighting COVID-19.

As many of the articles in this edition illustrate, it's worth pausing to examine some of the silver linings that have emerged.

AN INNOVATION EXPLOSION

A major outcome has been the never-before-seen speed at which the Food and Drug Administration (FDA) approved a number of new technologies for emergency use authorization (EUA), including vaccines. Under the watchful eyes of the world, pharmaceutical companies completely transformed the vaccine development process, with three manufacturers delivering FDA EUA-approved versions in under a year. In fact, as HealthTrust Physician Advisor **S. Shaefer Spires**, M.D., shares on page 12, the COVID vaccine is probably the biggest scientific achievement to happen in his lifetime, rivaling, if not superseding, the U.S. moon landing in 1969.

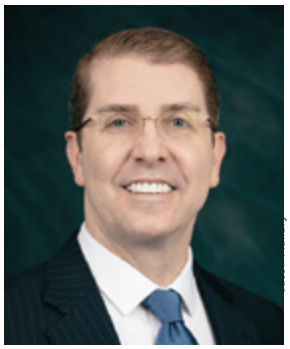
When the Centers for Medicare & Medicaid Services expanded Medicare coverage for telehealth services, another silver lining emerged in the widespread use of those services throughout the country. While telemedicine is not new and may not be appropriate for all patient encounters, its explosive use has proven effective for chronic disease management, and it has allowed many patients to get the care they need from the safety of their homes.

COLLABORATION ESSENTIAL IN COORDINATION

William A. Cooper, M.D., MBA, a HealthTrust Physician Advisor, discusses on page 26 how care coordination has become a top priority during the pandemic. There is value in collaboration through utilizing electronic medical records (EMRs) as well as the basics of good communication—not only between providers, but between providers and family members. Effective use of an EMR to accurately document a patient's history and treatment throughout the continuum of care is key to strengthening their transition (to home or another provider).

Echoing the coordination sentiment is HCA Healthcare's SVP & Chief Nurse Executive **Jane Englebright**, Ph.D., RN, CENP, FAAN, who shares on page 47 that, "The RN in acute care is going to become more engaged in care coordination, overseeing the work of assistive personnel, and monitoring patient needs and conditions using technical tools and evaluating alerts from artificial intelligence."

While the full impact of the pandemic remains to be seen, one thing is for certain: We are on a new path. Here's to continuing to search for silver linings that will emerge throughout the months ahead. **HT**



John Young, M.D., MBA, FACHE
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Onyx ONE Clear Analysis[2]

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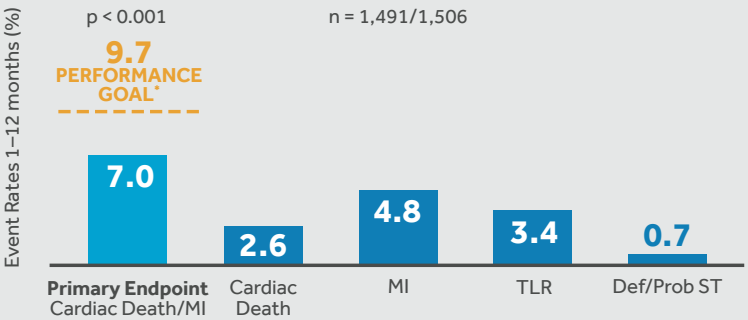

Highly Complex Patient Population[2]

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39% diabetes

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*Performance goal derived from contemporary 1-month DAPT trials, including ZEUS, LEADERS FREE, and SENIOR trials.
†Matching LEADERS FREE inclusion criteria.
[1]Resolute Onyx DES IFU.
[2]Kirtane A, et al. One Month Dual Antiplatelet Therapy in High Bleeding Risk Patients: Primary Results of Onyx ONE Clear. Presented online at ACC 2020.

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Medtronic

A need for speed

FDA's COVID-related drug authorizations challenge hospital formularies to quickly adapt

The emergence of COVID-19 in early 2020 created urgency for the Food and Drug Administration (FDA) to authorize drugs targeting the novel coronavirus. The swiftness of these approvals rippled down to hospital pharmacists, causing them to speed up their therapy reviews to determine the impact on facility formularies.

By mid-January 2021, the FDA granted emergency use authorization (EUA) status to nine agents to treat or prevent COVID-19, including hydroxychloroquine, remdesivir, various monoclonal antibodies, convalescent plasma and two vaccines, says **Jason Braithwaite**, PharmD, MS, BCPS, Senior Director of Pharmacy Services at HealthTrust. (A third vaccine was approved in February.)

Abbreviated from the FDA's normal drug-approval process, EUA approvals expedite treatments that appear safe and effective but haven't necessarily undergone rigorous, lengthy clinical trials, Braithwaite explains. Hospitals must then compress their own such evaluations to bring the treatments bedside.

"Normally with a formulary approval, we'll have published literature in hand on Phase 3 trials, package inserts from drug companies about how to use and mix a drug, and contraindications for recommending a drug," Braithwaite says. "But with the pandemic, this information came out the day of or even after the announcement of EUA approval, and sometimes after the delivery or receipt of the drug itself.

"Three to four months is not unusual in a normal formulary process," he adds. "In this scenario, we weren't given that timeline. Sometimes, it was condensed to three or four days."

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By mid-January of this year, the FDA granted emergency use authorization (EUA) status to nine agents to treat or prevent COVID-19.

DEALING WITH DOWNSIDES

Granting EUAs to various COVID-19 therapies—especially in the case of the first three vaccines—unquestionably helped attack the virus from multiple angles, Braithwaite says. And there are other pros to the rapid process, since the release of data surrounding EUA treatments is also expedited.

But this speed also comes with distinct downsides to hospitals, he says, including time, cost and space challenges. Regarding cost, for example, the antiviral remdesivir was at first distributed free to providers by the pharmaceutical manufacturer Gilead Sciences, creating inherent demand.

Hospitals later had to purchase the expensive drug, which costs between $3,100 and $5,700 per patient course.

The above scenario "trains people to use drugs maybe more frequently than they normally might. Now that they have to purchase them, it's really impacting the bottom line for many facilities," he says.

EUAs created space challenges when outpatient infusion centers—which primarily serve to treat cancer and other immunocompromised patients—needed to make room for COVID-19 patients receiving infusions of monoclonal antibodies. But since cancer patients are often immunocompromised from chemotherapy treatments, they can't be near actively infected virus patients, Braithwaite explains.

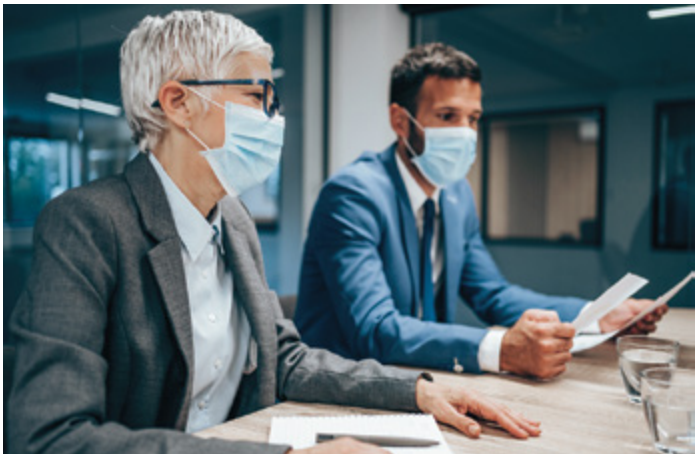
"Hospitals quickly had to figure out ways to avoid patient risk," he adds.

CREATING A 'SMALL AND NIMBLE' TEAM

Hospitals have also adapted to COVID-related EUA approvals by developing processes to review these therapies much faster. Many formed emergency response committees of physicians, nurses, pharmacists and other specialists to operationalize all these treatments.

Additionally, many health systems have temporarily halted updates to electronic health records (EHRs) to prioritize any

COVID-related changes needed. "They're placing COVID expectations at the highest priority and putting other things on hold," he adds, noting that these delays could mean the overall slowing of quality improvement efforts to EHRs, new drugs or products not being added to the formulary or order sets, and minimal expansion of new services to avoid a strain on the bandwidth during the pandemic.



How can HealthTrust members smooth their formulary processes in light of the pandemic and related EUAs? Braithwaite suggests assembling a "small, flexible and really mobile" interdisciplinary team that includes infectious disease, critical care, nursing, pharmacy and respiratory therapists who are tasked with and have the autonomy to make quick decisions on behalf of the hospital and its prescribing professionals.

"It's easy to rely on old processes, which will slow things down," he says. "The more people you involve, the more sluggish it becomes. An interdisciplinary team can be a huge asset at a time like this. Keep it as small and nimble as possible, allow it to meet as frequently as needed, and assign responsibility to make sure decisions are made on behalf of all those involved in the care of the patient." **HT**

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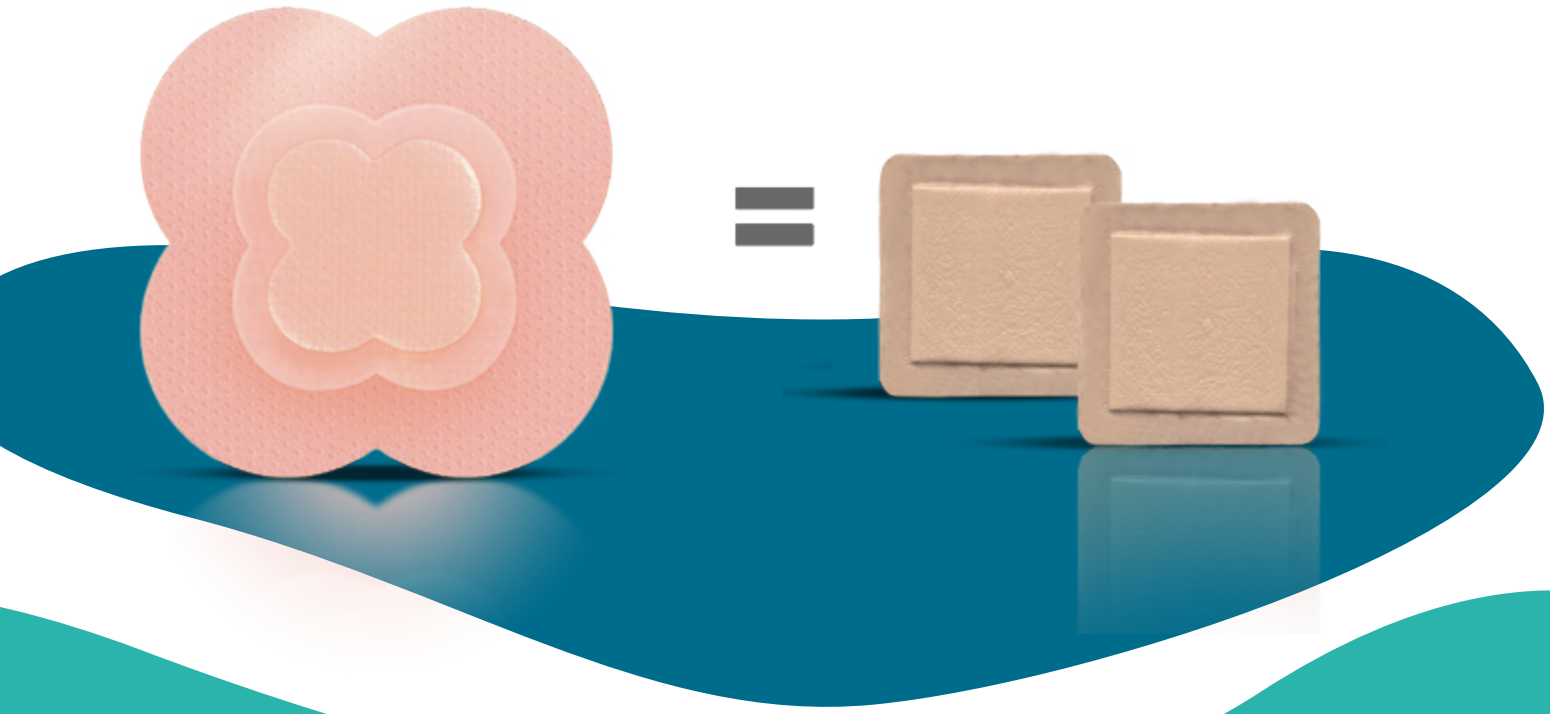

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References: 1. Joy H et al. A collaborative project to enhance efficiency through dressing change practice. Journal of Wound Care. Vol 24. No 7. July 2015 P3-4. 2. Data on File Report GMCA-DOF/08 –April 2016, A. Rossington. Product Performance of Next Generation ALLEVYN LIFE.

Silver linings around the cloud of COVID

Amid the gloom, discoveries have emerged

The pandemic and its impact have likely been well beyond what many of us could have imagined a year ago—hundreds of thousands of Americans dying, millions suffering symptoms and many losing their jobs—not to mention an increase in suicide rates and overwhelmed hospitals. Yet through this darkness, silver linings have emerged.

HealthTrust Physician Advisor **S. Shaefer Spires**, M.D., is an infectious disease specialist and assistant professor of medicine at Duke University School of Medicine. As Medical Director of Duke's Antimicrobial Stewardship Outreach Network, Dr. Spires works with 34 community hospitals advising on antibiotic and vaccine stewardship.

He's also a self-proclaimed glass-half-full kind of person—even during a pandemic.

Of the progress that COVID-19 has forced, Dr. Spires shares his excitement around the development of COVID-19 vaccines, which, he says, "is probably the biggest scientific achievement to happen in my lifetime."

THE MIRACLE OF mRNA

Messenger RNA (mRNA) technology has been studied for more than a decade. As soon as Chinese scientists were able to post the entire genome sequence of the virus in January 2020, vaccine companies Moderna and Pfizer/BioNTech collaborated and used computer modeling to create the parts of the virus that neutralize antibodies. According to the Centers for Disease Control and Prevention (CDC), mRNA vaccines emulate the process that cells use to make proteins that trigger an immune response and build immunity to SARS-CoV-2, the virus that causes COVID-19. With this process, weakened or inactivated virus components are not used as they are in other vaccines.

"This is a remarkable achievement, and it happened in under a year. It rivals, if not supersedes, the achievement of landing on the moon. It's a miracle, and early outcomes are proving it is highly effective," says Dr. Spires.

The other exciting part of mRNA technology is that it can be applied to vaccines for other diseases such as influenza and hepatitis B. Scientists can now go backward and create mRNA sequences for those diseases, which could mean potentially more effective vaccines. Currently, the flu vaccine is only about 50% effective in a good year. A large number of chicken eggs are harvested to make the antigen from cell cultures—a logistical supply chain feat each year. With applied mRNA technology, that could change. A limitation, however, is the significant capital needed to make it happen.

A DEEPER UNDERSTANDING OF VACCINE SCIENCE

The highs and lows of the pandemic have turned millions of

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> "The COVID-19 vaccine is probably the biggest scientific achievement to happen in my lifetime."
>
> – S. Shaefer Spires, M.D.

us into budding epidemiologists. It has brought under the microscope the entire process of how a new medicine comes to fruition, broadening the education of those who don't practice or study medicine.

"Even in the midst of political discourse, the clinical trial process remained flawless and uninfluenced by politics," Dr. Spires says. These protocols have been tried and tested for decades, and they were allowed to happen appropriately—and the public got a front seat in learning how safety and efficacy were measured. "More of the public now understands what actually goes on in a study, and which studies are worth listening to," he adds. "Many people read or hear the numbers and understand them enough to agree or disagree with public health officials. For the first time, more of the population understands what efficacy means. As an infectious disease physician, it's fun for me to see lights go off in people's minds as they get it."

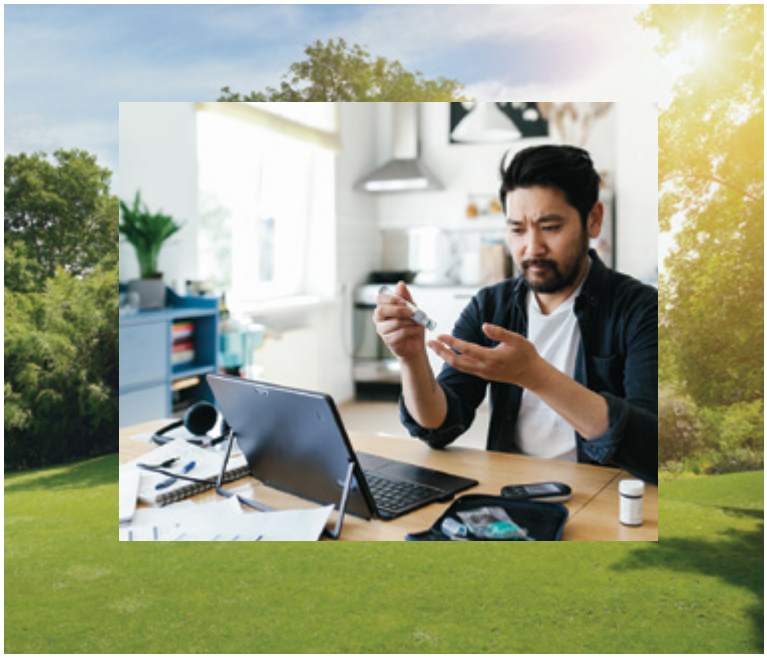
A MORE TRANSPARENT PROCESS

On Jan. 31, 2020, the U.S. Secretary of Health and Human Services **Alex Azar** declared a public health emergency in order to aid in the nation's healthcare community response to COVID-19. This measure paved the way for the Food and Drug Administration (FDA) to issue emergency use authorizations to provide more timely access to drugs, tests and products since adequate treatment wasn't available, and we couldn't afford to wait for the usual drug-vetting process.

"The CDC, FDA and professional societies had to become much more transparent to the public in terms of sharing data, tools and processes, which has been extremely valuable," says **Angie Mitchell**, RN, AVP of Clinical Services at HealthTrust. Like many of her colleagues, Mitchell's role during the pandemic expanded. Her expertise was triaged to COVID workstreams, which evaluated and supported alternative clinical care approaches as well as vetted global and domestic-based potential suppliers with COVID-related products.

ALIGNING VACCINE PROTOCOLS AT RECORD SPEED

"Operation Warp Speed is a tremendous logistical achievement in and of itself," says Dr. Spires. "It will go down in history as something that's never been done before."



> "Throughout this pandemic, on national, regional and local levels, the private and public sectors and healthcare all worked together to try to solve the problem of the moment, whatever it was."
>
> – Karen Bush MSN, FNP, BC, NCRP

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The federal government invested billions of dollars to support vaccine and therapeutic development. Safety and efficacy protocols were aligned and overseen by the government, and steps in the process were allowed to happen simultaneously, including mass-producing a vaccine candidate while completing safety and efficacy testing. This meant that there was high financial risk, but no product risk. These actions have led to great collaboration among the public and private sectors.

Data from Pfizer and Moderna was published in a peer-reviewed journal and on the FDA website, so anyone could access it. Because the process was so transparent, medical experts can confidently recommend the vaccines.

ENHANCED COMMUNICATION TECHNOLOGY

People across the country followed government orders and state and local health officials' advice to limit going to public places, avoid large gatherings, wear masks and socially distance to reduce virus exposure. Going to healthcare facilities became a feared prospect, but many people still needed important medical care during the pandemic. Video communication technologies like Zoom and FaceTime became lifelines for healthcare organizations to continue caring for patients.

While telemedicine is not appropriate for all patient encounters and may not take the place of an in-person assessment in some instances, it has proven effective for chronic disease management for conditions such as diabetes and asthma—and has allowed many patients to get the care they need from the safety of their homes.

INNOVATION AT EVERY TURN

Karen Bush, MSN, FNP, BC, NCRP, Director of Clinical Research & Education at HealthTrust, has spent the pandemic leading the team that developed clinical resources for members and the general public, linking them to critical information. "Throughout this pandemic, on national, regional and local levels, the private and public sectors and healthcare all worked together to try to solve the problem of the moment, whatever it was," says Bush. "It made me really proud."

Innovation has happened on all levels of patient care. "I've been a clinician for a long time," says Mitchell. "I grew up with the belief that if you give a nurse a book of matches and a roll of duct tape, he or she will build what you need." Following the guiding principle to first, do no harm, healthcare professionals transformed and reinvented in order to get the job done.

We aren't out of the storm yet; COVID-19 continues to be a public health crisis. But with promising vaccines, new ways of communicating and a renewed solidarity among healthcare sectors, there are bright lights of hope shining through the clouds. **HT**

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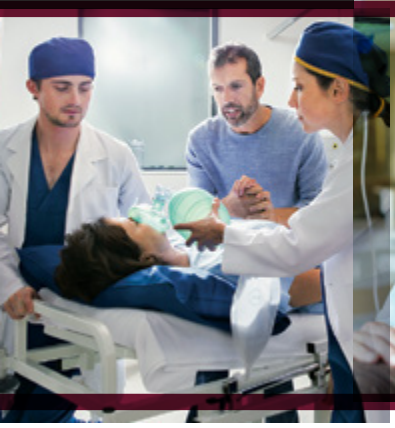

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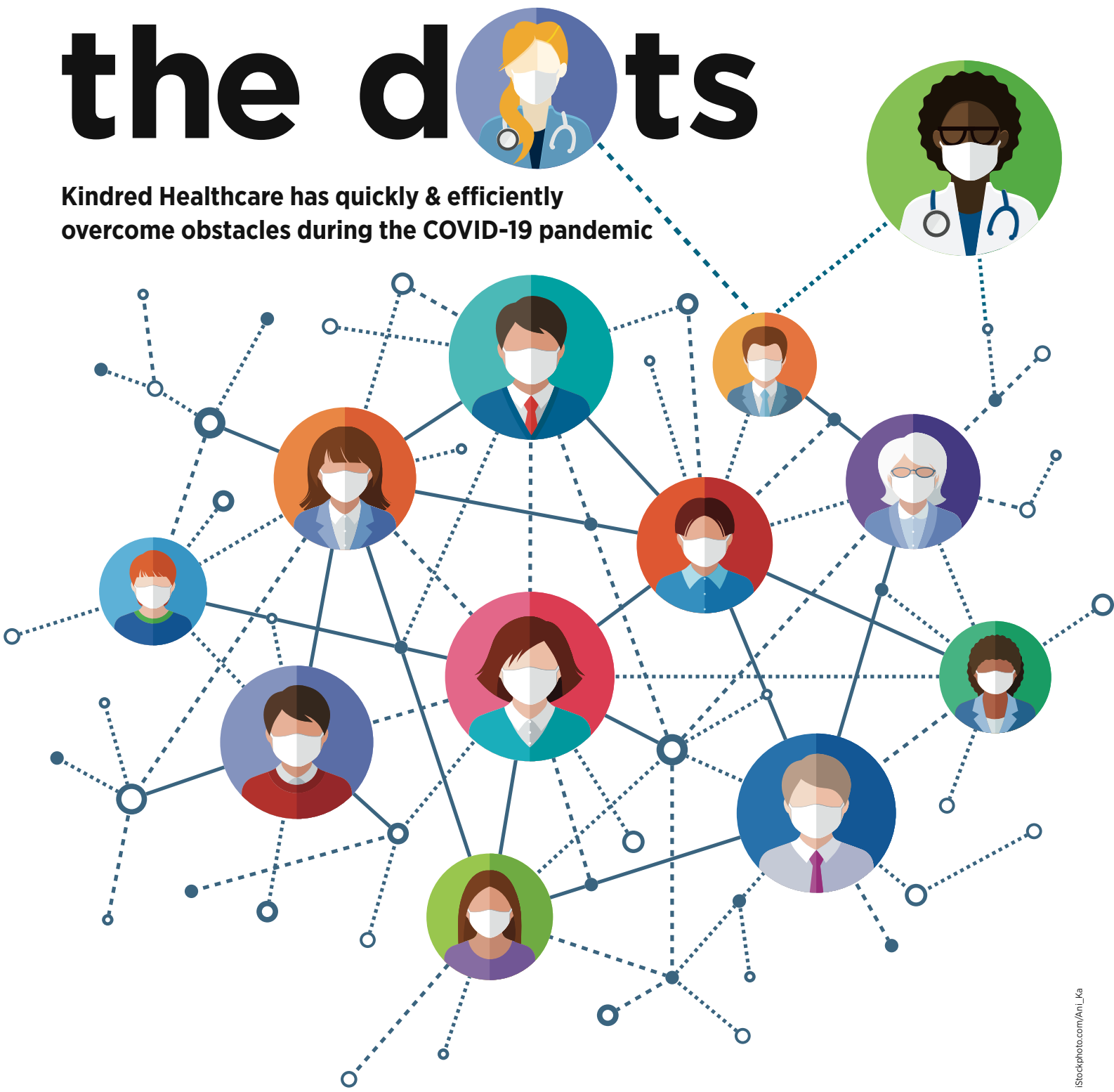
CONNECTING the dots

Kindred Healthcare has quickly & efficiently overcome obstacles during the COVID-19 pandemic



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THE COVID-19 PANDEMIC USHERED IN A SERIES OF CHALLENGES unlike any seen before. From staffing issues and employee anxiety to personal protective equipment (PPE) and drug shortages, 2020 forced healthcare systems to overcome obstacle after obstacle. Unfortunately, many challenges are continuing to surface in 2021, which is all the more reason to look at the valuable lessons learned as we move forward.

Kindred Healthcare has worked hard to thrive in the face of these obstacles with thoughtful strategies. Headquartered in Louisville, Kentucky, the healthcare system specializes in long-term acute care hospitals, inpatient rehabilitation services and behavioral health. It employs approximately 23,400 people in 36 states.

In a recent HealthTrust Candid Conversations podcast, **Angela Miller**, Division Vice President of Strategic Sourcing with Kindred Healthcare, told HealthTrust that a handful of components contributed to the health system's overall resilience to the pandemic. For one, it took action to quickly procure PPE. In addition, because it had expanded its supply chain operations several months before the pandemic, it was better positioned to tackle shortages. And perhaps most important, the supply chain team continually coordinated with the clinical operations and business analytics teams to keep up with changing protocols, ensuring Kindred's hospitals and caregivers had product when and where they needed it.

Miller says HealthTrust played a significant role in their ongoing effort. "HealthTrust was like an extension of Kindred's supply chain team," Miller says. "They were proactively vetting sources for alternative products and created a wonderful resource under the COVID-19 Member Resource Center."

SECURING PRODUCT

Due to Kindred's early sourcing efforts, it quickly accumulated PPE. It moved to a third-party logistics agreement with Owens & Minor and stood up several equipment-transport service contracts, which allowed it to acquire and move product—specifically ventilators—to facilities as needed.

Miller says that although it might seem simplistic, another crucial success factor was following up on open orders each day. "It was extremely important to know if production had been delayed in any way, if shipments had been hung up in customs or if product was in transit, so we could act appropriately with bifurcating orders and securing additional spot-buys if necessary," Miller says.

VETTING VENDORS

Kindred's process for vetting vendors included a question-and-answer session via phone call. This allowed the healthcare system to better understand the company: Was it an authorized distributor, a broker or an agent? Which products were offered, where were they coming from, and what connection did the company have to the manufacturer?

"We ran OIG [Office of the Inspector General] checks on each supplier to ensure there were no exclusions. We clinically vetted items prior to purchase—checking FDA [Food and Drug Administration] claims and certifications and requesting samples for evaluation by our clinical utilization director—and we sought references from other healthcare systems," Miller says.

Kindred also asked for "proof of life" as needed, which Miller says came into play when suppliers claimed to have products stateside.

PLANNING FOR THE FUTURE

Kindred is focused on getting as close as possible to a normal business regimen in 2021. It continues to rely on its COVID-19 task force, which uses information from organizations like the Centers for Disease Control and Prevention, HealthTrust and the American Hospital Association to guide the company's business lines and protect patients, employees and the community at large.

Kindred continues to thoroughly screen everyone entering its hospitals and ensures its caregivers have the necessary supplies and equipment needed to safely care for patients.

Although the pandemic has brought about countless challenges, Miller believes there are a few bright spots. She thinks healthcare systems will be better positioned to handle similar obstacles should they arise in the future. She also believes an important spotlight has been cast on supply chain.

"Relationships with our clinical counterparts and our key operators across the organization have definitely been elevated," she says. "I feel as though we've become a trusted resource to those we serve, and it's a really good feeling." **HT**

TO LISTEN to the full Candid Conversations podcast, visit healthtrustpg.com/thesource/candid-conversations/strategic-sourcing-vendor-vetting

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Innovators at Steward Health Care collaborate with HealthTrust to pave the way for value analysis

Over the past year, leaders at Steward Health Care have worked tirelessly to improve the hospital system's value analysis program. Thanks to their efforts, the healthcare system, comprising 40 hospitals across the U.S., South America and Malta, now has a robust, thriving program built on strong communication, data-driven decision-making and consistent physician involvement.

In a recent Candid Conversations podcast, **Cheryl Anderson**, DNP, MBA, RN, BSN, System Director of Value Analysis at Steward Health Care, and **Erin Arnold**, MSN, RN, CNOR, Clinical Resource Director for HealthTrust, shared their secrets to success.

INVOLVING CLINICIANS & PRIORITIZING PATIENTS

Since Arnold and Anderson began in early 2020, they have been committed to making sure communication is front and center between the corporate and site value analysis teams. This consists of creating and sharing conversion and contract product launch packages to outline value analysis initiatives and sending out a monthly newsletter with updates on current projects. Perhaps most important in these efforts is how they involve executive leadership, physicians, surgeons and chief nursing officers to help drive change.

Continued on page 20

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Continued from page 18

To have a more clinically integrated supply chain, Steward Health's Value Analysis Team created a Physician Champion List, which designates a Physician Champion for each service line. They are also in the process of creating an Orthopedic Advisory Committee, which would allow the Value Analysis Team to tackle more advanced product categories like trauma, spine and total joints.

"Including more clinicians on our Value Analysis Team has been very important because they're the end users," Arnold adds. "We continually seek feedback on how we can make [the process] better for them at the site."

The Steward Health Value Analysis Team reviews medical literature and data with the patient top of mind. "We want to make sure we're providing our patients the best outcomes at the lowest possible cost," Arnold explains. "That's what drives us, because the patient is at the center of what we do."

EXPERT INPUT

Before implementing a new product or rolling out a new initiative, Anderson and Arnold both leverage HealthTrust's resources. Anderson is part of HealthTrust's Nursing Advisory Board, and Arnold participates in the Surgical Advisory Board to offer feedback on product contract categories. They work closely with HealthTrust account management resources when implementing new products.

"HealthTrust is a group purchasing organization with a vast portfolio of resources and staff who are committed to making its hospital members better," Arnold explains.

Anderson agrees, adding that the Value Analysis Team at Steward Health has been able to pursue complicated projects, such as bone cement, hernia mesh and hemostasis agents, because of this partnership with HealthTrust. "We have been able to achieve so much more than we could have without HealthTrust," she says. **HT**

TO LISTEN to the full Candid Conversations podcast, visit healthtrustpg.com/thesource/candid-conversations/value-analysis-best-practices

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At-home COVID TESTS emerge

Available by prescription, tests may enhance facilities' offerings

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IN THE EARLY DAYS OF THE COVID-19 PANDEMIC, widespread shortages in diagnostics thwarted healthcare facilities across the United States. But a year later, an array of at-home COVID-19 tests are available that may help both patients and health systems expedite care and potentially lighten the load on facilities as the pandemic continues.

By late 2020, the Food and Drug Administration (FDA) had granted emergency use authorization to diagnostic at-home SARS-CoV-2 tests. These tests enable individuals to collect their own nasal or saliva swab and either mail away for results or receive rapid results with videoconferencing guidance, according to **Christa Pardue**, MBA, MT(AMT), Director of Laboratory Services at HealthTrust.

All at-home tests—some of which can also detect influenza—currently must be prescribed by a healthcare provider. However, that could soon change, and that development would not only help end users, but it would affect healthcare organizations as well. "It wouldn't surprise me to see these tests on the shelves in drugstores within a year," Pardue says. "I'm hoping if there's enough home testing, it will divert a lot of the demand facilities are experiencing and ease the strain of what they're dealing with."

ACCOUNTING FOR THE END USER

Obtaining an at-home COVID-19 test is fairly straightforward, experts say. People with symptoms consistent with the virus can request a healthcare provider to authorize that a test kit be sent to their residence.

Depending on the type of test—either self-collection to mail out, or self-collection with rapid at-home results—patients generally have access to written directions and/or an online proctor to walk them through the process. At-home tests are either molecular tests, such as PCR tests for the virus's genetic material, or antigen tests that detect specific virus proteins. Prices range from $25 to $150, depending on test type, says **Holly Moore**, MSN, CCRN-K, Director of Clinical Services at HealthTrust.

But sources worry about issues that may arise with self-testing. "The test itself may be accurate, but the collection might be poor," Pardue says. "That part makes me nervous—the process isn't fully understood by the general public."

"There might be more room for error in sampling with at-home tests," Moore adds. "A sheet of instructions in front of an at-home user may not be enough. There's definitely more education needed, and I think testing companies are trying to address that."

Michael Johnson, MBA, MT(ASCP), HealthTrust Lab Board member and Assistant Administrator and Director of Laboratory Services at Sumner Regional Medical Center in Gallatin, Tennessee, agrees. "One con of the test might be the quality of the specimens, which could affect the quality of the results," Johnson says. "Another concern I have is that folks who may need medical treatment might test themselves at home when their symptoms are more emergent and require more emergent care," he adds. "They might not get that care."

Pardue and Moore are also concerned many people don't understand that a negative COVID-19 test outcome doesn't

guarantee they don't have the virus. All home tests, however, require a conversation with a healthcare provider to discuss the results.

"Every test has certain weaknesses, and some may show false positives or false negatives," Pardue explains. She notes that test rate data is provided in the instructions for use (IFU) of each individual test. The IFUs can be found on the FDA website: **bit.ly/COVIDTestEUA**

REDUCING DEMAND AT HEALTHCARE FACILITIES

It's difficult to predict the far-reaching implications of at-home COVID-19 tests, sources say. But if more potentially infected patients get tested at home—at least initially—this trend might lead to less demand at physician offices, urgent care clinics and other testing hubs. "At-home tests won't completely replace lab-based testing," says Johnson. "But if someone doesn't have severe symptoms and can test and quarantine at home, it might reduce the burden on testing at healthcare facilities." **HT**

EMAIL Christa Pardue at christa.pardue@healthtrustpg.com for more information about FDA-approved at-home tests for COVID-19.

LET'S GIVE IT A SHOT

Building confidence to combat vaccine hesitancy

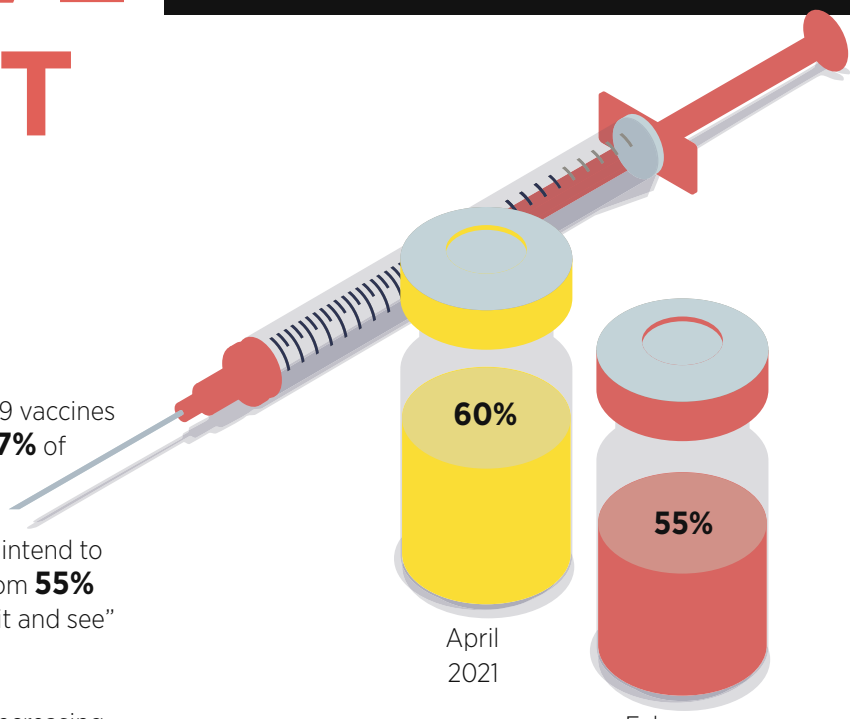
HOW MANY PEOPLE ARE WILLING TO GET VACCINATED?

As of mid-April, over 174 million doses of COVID-19 vaccines have been administered across the U.S., with **33.7%** of the total population receiving at least one dose.[1]

Over **61%** of U.S. adults have been vaccinated or intend to do so when it is available to them—an increase from **55%** in February. The individuals who are going to "wait and see" has declined by **5% to 17%**.[2]

While it is promising that "intent to vaccinate" is increasing, it is far below what the U.S. needs to achieve herd immunity (the target number for herd immunity is still being studied).[3]

ADULTS WHO RECEIVED THE VACCINATION OR INTEND TO DO SO



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HOW DO WE BUILD CONFIDENCE IN THE NEW COVID-19 VACCINES?

The National Academies of Sciences, Engineering and Medicine recently published "Strategies for Building Confidence in the COVID-19 Vaccines," including overall approaches for engaging the public, building community trust and communication strategies to promote acceptance[4]:

❶ Meet people where they are, and don't try to persuade everyone.
❷ Avoid repeating false claims.
❸ Tailor messages to specific audiences.
❹ Adapt messaging as circumstances change.
❺ Respond to adverse events in a transparent, timely manner.
❻ Identify trusted messengers to deliver messages.
❼ Emphasize support for vaccination instead of focusing on naysayers.
❽ Leverage trusted vaccine endorsers.
❾ Pay attention to delivery details that also convey information.

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Optimizing COVID-19 care coordination

THROUGH YEARS OF OPERATIONS, most healthcare systems become adept at predicting the ebb and flow of patient volumes based on historical data, data around their community populations and seasonal factors, such as the start of summer, return to school and seasonal flu. During pandemic times, the luxury of that predictability is gone, affecting hospital systems in countless ways, from staffing to supplies to planning patient after-care. To make up for this unpredictability, care coordination during COVID-19 requires flexibility, innovation and diligence.

Care coordination can be a challenge even in normal times, and during a pandemic, it's especially critical for patients to understand their plan of care once they're home to prevent readmissions and other health issues.

EXPECTING THE UNEXPECTED

Over the last year, hospitals have experienced sporadic, regionalized and repeated upticks of COVID-19 activity. For some health systems, just one community outbreak can test limits. "COVID put us out of bounds in terms of how to try to allocate resources and what the demand would be in a particular community," says HealthTrust Physician Advisor **William A. Cooper**, M.D., MBA, a

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cardiovascular surgeon at HCA Healthcare and President of Prime Health Services Group. "Prior to this, we had some idea of what the resource burden would be."

While patients, of course, continued to have emergencies like heart attacks and stroke, others with less life-threatening conditions were not as apt to visit hospitals for fear of contracting COVID-19. To compound the issue, accounting for the needs of COVID patients themselves has proven to be a moving target, given the disease's erratic nature. "I've seen people with low risk, no comorbidities and at young ages having a really tough time, while others have a cough and fever for a few days, and then they're fine," says Dr. Cooper.

It's imperative for health systems to be aware of their local COVID data to help anticipate patient volume fluctuations, Dr. Cooper says. "Positivity rates peak much sooner than deaths," he explains. "The ideal situation is to have below a 10% positivity rate." If it's trending upward, then hospitals can expect an uptick in volume to follow just a few weeks later.

Those variations directly impact staffing—a challenge made more complicated when that very staff is also at risk for the disease. "It's important to have backup because we have so many staff who are in quarantine, isolated or who have contracted COVID-19 outright," says Dr. Cooper. As elective procedures, such as joint replacements and mastectomies, have been drastically reduced, operating room staff can be reallocated to other areas, optimizing care coordination for existing patients. "This is common practice in hospitals trying to manage under stressful times," Dr. Cooper adds.

EMPLOYING TECHNOLOGY AS A COORDINATION TOOL

COVID-19 patients' journeys may require several, varied and unpredictable transitions of care. For example, one patient could start at the ER, move to the ICU, then on to a COVID-19 unit, and when they're released home, go to their primary physician for a follow-up visit. Another patient with mild symptoms could receive a COVID diagnosis through a drive-through testing site, recover at home and only see a care provider at a follow-up appointment. A third could see their primary care physician virtually, only to end up at the hospital.

"A COVID-19 patient going through this process may not want to physically visit their doctor, so they might do a virtual visit," explains **Karen Bush**, MSN, FNP, BC, NCRP, Director of Clinical Research & Education at HealthTrust. "If they get worse, they go to the ER. All the information that was exchanged during that virtual visit needs to follow the patient into the ER."

With each transition, there is a risk for gaps in care. The patient's health record should follow them to each visit—each care provider must know which tests were performed and when, which treatments were given and how symptoms presented. This applies to all patients with a variety of conditions.

Electronic health records (EHRs) are essential in the coordination effort because they, in theory, follow the

patient everywhere. Sometimes, there are vulnerabilities due to interoperability issues when providers use different technology systems than the hospitals, but a solution may be on the horizon.

"We are in an evolutionary period with the electronic medical record," says Dr. Cooper. "We've got to manage away from all the redundancy and superfluity, and I think we're going to get there with artificial intelligence."

Key players in this space, including Epic, Cerner and MEDITECH, have recently begun introducing artificial intelligence (AI) capabilities into their EHR products, according to a 2020 report by KLAS, a market research firm. While AI can help predict things like hospital readmissions, falls, sepsis infections and mortality rates, it can also assist providers with accurate coding, documentation, chart searches and voice-enabled commands. (As in, "Hey, Epic! Look up my patient's lab tests.") These features will help streamline how clinicians use EHRs and make them more flexible and valuable.

DOUBLING DOWN ON COMMUNICATION

The EHR is vital but is not a substitute for verbal communication. "Providers really need to talk, specifically about conditions that can affect a patient's care," says Dr. Cooper. He notes that rapidly ramping up telehealth and telemedicine has been a positive step and hopes the widespread utilization continues. "That's not to undermine the importance of an in-person visit, but when you have an established relationship between provider and patient, it may not be as important as we may have emphasized in the past." Patients should be encouraged more than ever to ask questions and take an active role, particularly during the pandemic, to prevent lapses in care.

Another problem that COVID-19 presented for care coordination is that family members have had visitation restrictions to avoid virus exposure. This creates a potential communication gap because family members are often a good source of information for providers. They're advocates for the patient, helping them keep track of information they'll need when they're back home. Telehealth visits have helped to solve for this.

Most hospitals now permit a family member to accompany a patient while in the hospital or emergency department, which is particularly valuable for elderly patients and those with cognitive impairments. Visitation policies should be reviewed and updated to ensure safety, flexibility and fairness in terms of who is allowed visitors and when. Hospitals should make a concerted effort to

CMS ANNOUNCES GEOGRAPHIC DIRECT CONTRACTING MODEL

The Centers for Medicare & Medicaid Services (CMS) recently introduced a new geographic direct contracting model, also known as "the Model" or "Geo." It is a voluntary program for Medicare beneficiaries that leverages best practices in care coordination and encourages building relationships to improve care quality and lower costs. The new care model will serve as a test of whether this approach is effective.

Similar to an accountable care organization (ACO), the program participants are required to take 100% responsibility for savings and losses for Medicare Parts A and B. Contracted entities can include existing ACOs, health systems, provider groups and health plans.

There are 15 defined target regions that CMS is considering throughout the country. All are U.S. cities where there are between 150,000 and 700,000 Medicare beneficiaries.

The program will run for six years, to include two, three-year performance periods beginning in January 2022. The goals are to improve health outcomes and reduce the cost of care for Medicare beneficiaries. Beneficiaries keep their current Medicare benefits and may receive enhanced benefits such as telehealth and easier access to home care and skilled nursing facility care.

"The need to strengthen the Medicare program by moving to a system that aligns financial incentives to reward people for staying healthy has long been a priority," said former CMS Administrator **Seema Verma** in a press release. "This model allows participating entities to build integrated relationships with healthcare providers and invest in population health within a region to better coordinate care, improve quality and lower the cost of care for Medicare beneficiaries in a community."

stay in frequent communication with patients' families. One solution is to hire or repurpose staff to serve as communication liaisons who can help ensure patients and families have regular opportunities to connect over phone or video calls.

BEING DILIGENT ABOUT DISCHARGE & FOLLOW-UP CARE

Hospital discharge is perhaps the care transition that is most vulnerable to a breakdown in communication. Virtual visits can be one way to help, and for high-risk patients, many hospitals are making exceptions and allowing one family member to be present during this process.

"Hospitals go out of their way to make sure high-risk patients have a support person available during the discharge process, but it's a challenge," says Bush. Communication tools, such as the teach-back and show-me methods, have greatly improved patient understanding and treatment adherence and are even more important during the pandemic.

A discharge summary is required for the EHR, but it's not always immediately available, and it isn't a replacement for verbal communication. It is critical for the community provider and hospital provider to have a verbal conversation during discharge. Having a patient navigator or transition coach assigned to patients at high risk for readmission can help guide the discharge process and ensure better outcomes after the patient returns home.

Strengthening care coordination is essential to patient outcomes and to the understanding of COVID-19 as a whole. Patients who had pneumonia while in the hospital, for example, need to be monitored for long-term respiratory complications. Because we're still learning about COVID-19, post-discharge follow-up care will help providers continue to understand the disease's side effects and ensure that patients successfully recover. **HT**

SOCIAL

STATUS

How social determinants are affecting public health & why that needs to change

THE IMPORTANCE OF SOCIAL DETERMINANTS OF HEALTH (SDOH)—the nonclinical factors and systematic social and economic conditions that affect a person's health—have grabbed heightened attention over the last year due to the pandemic's impact on the U.S. health system.

"We've known for decades that poverty is the principal driver of poor health, but the pandemic has brought to glaring light the power and influence of social determinants on health outcomes," says **David Nash**, M.D., MBA, Founding Dean Emeritus of the Jefferson College of Population Health in Philadelphia.

THE SIGNIFICANCE OF SDOH

According to an independent research report from the Commonwealth Fund, the U.S. spends significantly more per capita and as a percentage of GDP on healthcare than other high-income countries, yet it has poorer health outcomes. This is largely attributed to the influence of social determinants on people's health and well-being and their contribution to health inequities. Examples of SDOH include the following:

- access to healthy food and opportunities for physical activity
- level and quality of education
- income level and job opportunities
- safe and secure housing and neighborhood

"The social determinants are all of the things in your environment, in your history, in your experience. And those social determinants lead to particular types of health outcomes," says **Nicole Harris-Hollingsworth**, EdD, MCHES, Vice President of Social Determinants of Health at Hackensack Meridian Health

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EXAMPLES OF SOCIAL DETERMINANTS ON HEALTH OUTCOMES

Access to healthy food and opportunities for physical activity

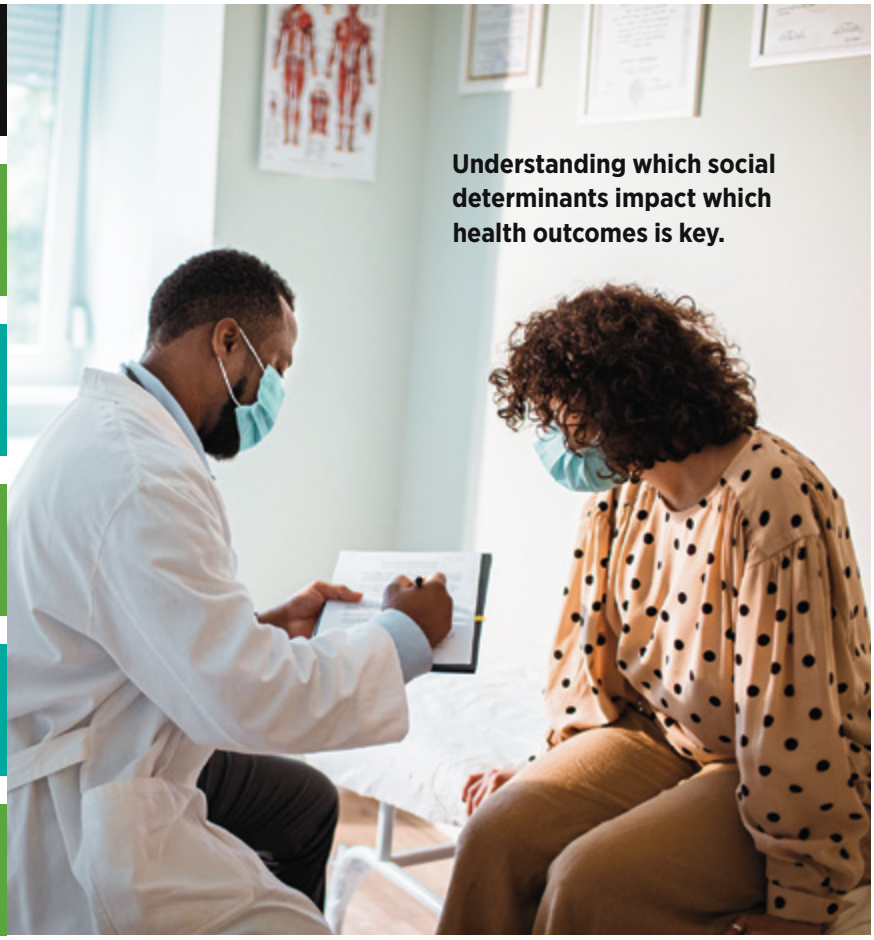
Level and quality of education

Income level and job opportunities

Safe and secure housing and neighborhood

HACKENSACK MERIDIAN HEALTH PRIORITIZES 5 SOCIAL DETERMINANT AREAS AS INITIAL AREAS OF FOCUS

1. Food security
2. Housing stability
3. Transportation issues
4. Caregiver support
5. Mental health/ behavioral health/ substance use disorder



Understanding which social determinants impact which health outcomes is key.

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in New Jersey. "If someone is homeless, it doesn't matter if they're a marathon runner; their health is going to suffer."

Every day, physicians and health professionals experience the challenges of caring for patients with underlying social determinants. The good news is physicians and hospitals play a critical role in improving their patients' SDOH and, by extension, improving health outcomes and reducing the costs of care.

IDENTIFYING THE DETERMINANTS

Understanding which social determinants impact which health outcomes is key, says Harris-Hollingsworth. "If it's a determinant that's easy to fix, or if it can be changed through a direct intervention [such as a ride to an appointment], we would rather solve for that than have a person with a poor health outcome," she says.

Hackensack Meridian Health prioritizes the social determinant areas of food security, housing stability, transportation issues, caregiver support and mental health/ behavioral health/substance use disorder as initial areas of focus. These SDOH were chosen using predictive analytics and surveys to see which areas made the most sense to prioritize, with further social determinants to be added in the future.

"We have a lot of data to support that if we work on these five key areas, we're going to get it right 95% of the time," says Harris-Hollingsworth. "The objective data says it, and this is the behavior we see in our patients and team members."

By using various screening processes, physicians can identify possible areas patients may need help with or ways they may be at risk. SDOH play a big role in the emergency departments that often act as a safety net in our society, says HealthTrust Physician Advisor **Valerie Norton**, M.D., FACEP, Physician Operations Executive at Scripps Mercy Hospital in San Diego. In the emergency department at Scripps Mercy Hospital, every patient goes through screening processes, such as a social history, a suicidal ideation screening and a domestic violence

Continued on page 34

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screening. "Any one of those could impact their health in various ways," says Dr. Norton. "Once we have a conversation with the patient, we can better understand if there's any way we can help them with those issues."

Knowing the specific SDOH impacting a patient can also help physicians anticipate and address future concerns. "In one study, we found we were able to predict the likelihood of a no-show based on the type of social determinant. For example, if someone shared that they had difficulties with paying utilities, that person was more likely to miss an appointment than other types of social determinants," says Harris-Hollingsworth.

A COLLABORATIVE APPROACH

Once a need is identified, help and support can be offered in several ways. Harris-Hollingsworth stresses the importance of the doctor-patient relationship with improving social determinants. "Physicians are our greatest advocates. What we find, especially as it relates to the social determinants of health, is people will do what their doctors tell them to do. If their physician says they need to eat more vegetables, that carries more weight than what anyone else says," she explains.

At Hackensack Meridian Health, community health workers act as a bridge between clinical and social needs. A physician might give a patient information about their closest food pantries and connect them with a community health worker who will follow up with the patient.

"The patient might say, 'I need food, but I also have a problem with getting to food because I use a walker.' Our community health worker can connect them to a medically tailored food delivery program," says Harris-Hollingsworth. "They can help the patient work with their local municipality on having a ramp built to their house, if a ramp is needed."

In the emergency department at Scripps Mercy Hospital, case managers step up to assist. "Our case managers can do all kinds of magical things like figure out how to deliver an antibiotic to a patient's home the next day if they can't get to the pharmacy," explains Dr. Norton. "I think that's where it helps to have service-oriented staff who can address some of these special needs."

Another key strategy in improving SDOH is to foster diversity in hiring, says Dr. Norton. "You want your staff to reflect the community you're in as much as you possibly can. It matters to them to see people in healthcare who look like them, talk like them, can understand their issues and where they come from," she adds.

Continued on page 37

HOW MIGHT SDOH AFFECT THE COVID-19 VACCINE?

Since the start of the pandemic, social determinants have worsened the impact of COVID-19. "Los Angeles County is ground zero for deaths from COVID-19. Why is that?" Dr. Nash asks. "Poverty, intergenerational living, poor education, inability to work from home because hourly workers have to show up to make a living—it's a recipe for disaster."

"We're concerned about patients from underserved areas bearing the biggest brunt of COVID, getting the highest number of cases and having worse outcomes because they have higher rates of chronic disease. We're also concerned about these same issues with patients getting access to the vaccine," says Dr. Norton, who noted that Scripps is using a variety of tactics to help foster equitable access, including traditional and digital marketing and communications strategies, along with community outreach.

Some of the biggest challenges in distributing the COVID-19 vaccine, explains Dr. Nash, are access and logistics. "How do we actually deploy the vaccine in communities of color that are typically less affluent? The local clinics are resource-constrained and may not have refrigerators to store the vaccines or nurses available to administer them."

Covering an eight-county region that's a combination of urban, rural and suburban geography, Hackensack Meridian Health also recognizes logistics as a challenge, specifically when it comes to transportation. With that in mind, one of its strategies is to set up vaccine centers in alignment with support services and close to places people often visit, like supermarkets and food pantries.

Housing and food insecurities and language barriers are other obstacles affecting the Hackensack Meridian Health patient population. "A person with housing distress could miss every healthcare-related appointment they have," Harris-Hollingsworth says. The system launched a vaccine education webinar series for residents with Korean, Hindi, Latino and African American ancestry to provide information in a culturally responsive manner and is partnering with food banks to help feed people in need due to COVID-19. "To the extent we can coordinate vaccine distribution with these support services, we will," she adds.

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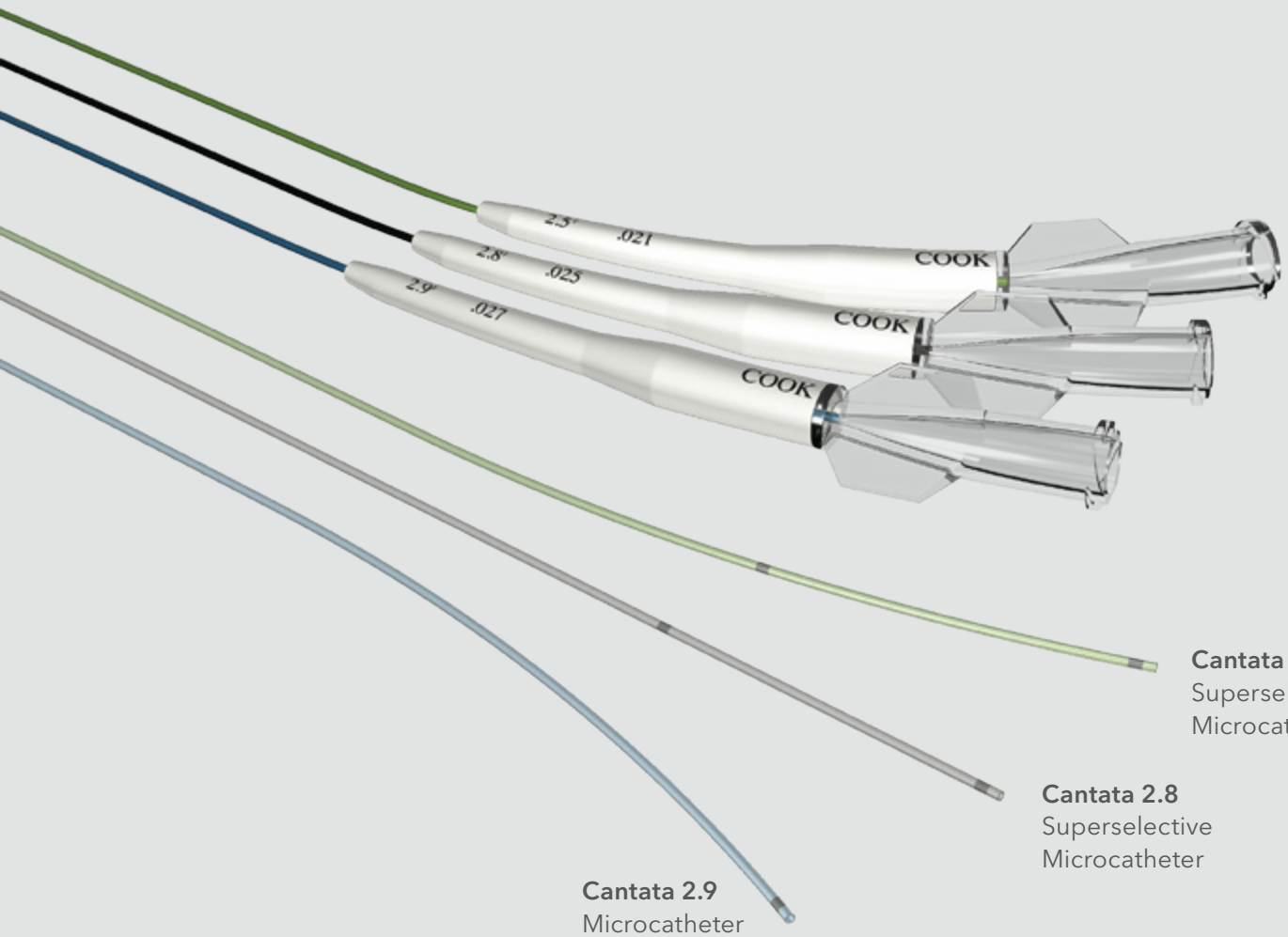

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COOK MEDICAL

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Continued from page 34

Often, further help is delivered as a referral to a community partner. "The key is to understand you can't do it all. You need to know when to build something that doesn't exist, but most importantly, if it exists, you need to refer to it and support it as a resource in your community," Harris-Hollingsworth says.

Community partners include nonprofit organizations such as Meals on Wheels and municipal programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). They also include community health clinics, detox and drug rehab treatment centers, and psychiatric clinics.

"I can't emphasize enough the importance of having good community clinic partners, especially if you have a large percentage of Medicaid patients who may not be eligible for HMO-type clinics. It's crucial to have community, federally funded clinic partners because that's how those patients get their follow-up," Dr. Norton explains.

A NEW CONVERSATION

Once you start looking at healthcare through the lens of SDOH, it's hard to stop. The social determinants play into all aspects of healthcare and life: how buildings are designed, where vaccination centers are located or even what lunch is served in elementary school. "The social determinants are inextricably interwoven in all healthcare decisions. It's not a separate conversation. It is the conversation," Dr. Nash says.

He suggests the pandemic may be the impetus to the investment, policy changes and commitment needed to tackle SDOH. "The good news is maybe the pandemic will provide us with a platform that's on fire, and the social determinants many of us have long sought to bring to the forefront will now become a top priority," Dr. Nash adds. "I'm hoping this will be a silver lining to what we've been through." **HT**

The winding path to VBC

How the journey to a reformed healthcare model has been affected by a global pandemic

WHEN IT WAS FIRST INTRODUCED, VALUE-BASED CARE (VBC) WAS CONSIDERED TO BE A REVOLUTIONARY FORCE IN THE U.S. HEALTHCARE SYSTEM. Designed to reward quality of care over quantity of care and the best care at the best price, the concept of value-based care has expanded to cover a wide continuum of models and alternative payment models (APMs) since its inception in 2008.

The massive impact of COVID-19 on the healthcare industry has certainly influenced the next phase of value-based care, with healthcare systems throughout the country focused on battling this crisis while under increasing financial stress. The pressure to reduce healthcare costs is likely to grow, says **Kimberly Wright**, RN, AVP of Clinical Services at HealthTrust. "In 2018, the U.S. was already spending $1.6 billion more on healthcare than what was in the budget," she explains. "And then COVID-19 hit. Something's going to have to change."

THE COVID-19 ROADBLOCK

Severe restrictions on elective procedures during the pandemic have meant a significant loss in income for many hospitals. This is compounded by higher costs from higher patient capacity and lengths of stay, and the higher demand for personal protective equipment, leaving hospitals in a challenging financial position.

On top of that is the uncertainty that has been a defining characteristic of the pandemic.

"You have no idea what the length of the illness is going to be, what the different manifestations of the illness are going to be, how that's going to impact your outcomes and your total cost of care," says HealthTrust Physician Advisor **William Cloud**, M.D., Chief Medical Officer at Baptist Memorial Hospital in Memphis, Tennessee. "Even if you had a robust way of dealing with care in the pre-pandemic model, it doesn't apply to care in the pandemic model."

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The pandemic has reduced time and resources for non-COVID care, which has resulted in less time to fulfill the data requirements of value-based care programs, says **Holly Moore**, MSN, CCRN-K, Director of Clinical Services at HealthTrust. In addition, the reduction in non-COVID-19 procedures means less volume to measure for quality and costs, which could impact payments from value-based models and APMs. "The lower the volume, the more the outliers make an impact on those metrics needed to have a positive financial result," says Moore.

Transitioning to value-based care can be challenging in the best of times. For hospitals without much experience in these models, a pandemic compounds the difficulty. Each model comes with its own requirements and learning curve, and the financial benefits may not be felt right away. "Providers get better incentives as they get more practiced at what's required and get the processes in place. But that takes time," says Moore.

ESTABLISHING DETOURS

In response to the pandemic's demands on hospitals, the Centers for Medicare & Medicaid Services (CMS) has made changes to its value-based care programs. These changes focus on financial methodologies, quality reporting and model timelines, and include extending data submission deadlines, excluding patient data and removing downside risk for providers. "They are trying to give providers a break to accommodate the hit that everybody has taken," says Wright.

But CMS is not backing away from value-based care programs. In a May 2020 webinar hosted by America's Physician Groups, **Brad Smith**, Director of the Center for Medicare and Medicaid Innovation (CMMI), said, "I think we're only going to double down on our commitment to value-based care based on what we've seen in the public health emergency."

CMS continues to roll out or expand mandatory and voluntary programs, though at a slower pace, and has ambitious goals for value-based care:

100% of Medicare providers and half of Medicaid and commercial contracts will be in value-based programs by 2025.

According to research from Coverys, that means an estimated trillion dollars of risk would be transferred to hospitals, health systems and physician practices.

APPRECIATING THE JOURNEY

For Dr. Cloud and Baptist Memorial Hospital, the pandemic has brought opportunities along with its challenges. "It's given us an urgency in redesigning care processes. There are things we've talked about doing, but during the pandemic, we've had to do them. We see that as a positive," he says. "These are things that may have taken us two to three years to do without a pandemic."

One opportunity, seen across the country, is the increased use of telemedicine. "In the past," Dr. Cloud says, "there was a lot of talk about it, but the adoption of telemedicine was slow. However, during the pandemic, we absolutely had to deploy it."

He shares that Baptist Memorial Hospital has implemented new staffing models, such as team-based care, to accommodate the challenge of staffing a hospital when some percentage of your team is furloughed due to COVID-19. The collaborative approach of team-based care is central to value-based care. "Historically, our healthcare industry has worked in a lot of silos," Moore says. "Value-based programs force us to do a better job transitioning patients and making sure we're partnering with post-hospital caregivers—whether it be home health or a skilled nursing facility."

Baptist Memorial Hospital has also adopted new transitional care models, looking at, for example, how to discharge suitable patients early in order to increase capacity

Continued on page 42

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Along with its challenges, the pandemic has brought opportunities, including the increased use of telemedicine.

> "By necessity, the pandemic created the rapid acceptance of technology that otherwise may not have occurred."
>
> – William Cloud, M.D.

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Continued from page 40

within the hospital. This included developing an outpatient oxygen-weaning program for COVID-19 patients, which led them to apply for the CMS Acute Hospital Care at Home program. "These moves signal an increased acceptance by the provider to deliver care that is less costly, but with the same expectation of quality," says Dr. Cloud.

THE ROAD AHEAD

Dr. Cloud expects the innovations that have occurred during the pandemic to continue to improve healthcare. "By necessity, the pandemic created the rapid acceptance of technology that otherwise may not have occurred. And I think it will continue—maybe not to the degree it has during the pandemic, but it's not going away," he says.

The COVID-19 pandemic has created a renewed interest in the role these models can play in improving healthcare for Americans, and the journey continues. "I wonder how the way we talk about value-based care now will change compared to when we get on the other side of this pandemic," says Dr. Cloud. "How are we going to view quality, safety and value differently than we did before?" **HT**

HOW TO SUCCESSFULLY CONTINUE THE TRANSITION TO VALUE-BASED CARE

The transition to a value-based care model can be challenging and time-consuming. "The problem is, how do you go from a fee-for-service model, which 80% of hospitals still use, to a value-based care model?" says Wright. "Hospitals and health systems have to figure out how to make that safe transition." She offers the following advice:

- Transition sooner rather than later (while taking the pandemic into account). CMS uses regional pricing in many models, meaning that as providers in your region join value-based programs, costs go down, making a later transition increasingly difficult.
- Understand your patient population. What are their needs, demographics and health histories? What resources do you have available to meet those needs?
- Know the numbers. Understanding how your prices and performance compare to other hospitals in your region is crucial.
- Use risk-assessment tools to help mitigate patient risk and standardize care.

TO LEARN MORE about VBC, visit healthtrustpg.com/thesource/category/cqo/value-based-care

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See Instructions for Use for full product information.

AB_IFU0091_REV1

1. Shamimi-Noori SM, Clark TWI. (2018). Venous Stents: Current Status and Future Directions. *Tech Vasc Interv Radiol.* 2018;21(2):113-116.

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Managing the long-term symptoms of COVID patients

THEY'RE CALLED "LONG-COVID" OR "LONG-HAULERS"—people who have ostensibly recovered from COVID-19 yet continue to experience health problems for months afterward.

"We are still trying to understand what it is," says infectious disease specialist and HealthTrust Physician Advisor **Peter Brookmeyer**, M.D., of Colorado Springs, Colorado. "We know that people with viral illnesses often have symptoms that go on for months," such as those who experience long-term fatigue after having mononucleosis. "What we don't know is if this is the same phenomenon we're seeing with COVID or if it is it something unique to COVID."

THE LONG-HAULER PHENOMENON

What is clear is that something is definitely going on.

A survey of 3,762 people with suspected and confirmed COVID-19 from 56 countries (just 8.4% of whom were hospitalized) found that after six months, 77.7% still reported fatigue; 72.2% had worsening of symptoms after exertion; and 55.4% experienced cognitive dysfunction.

Other symptoms included shortness of breath and trouble sleeping. Most participants had not returned to work and most still reported disability at seven months. The three most debilitating symptoms were fatigue, breathing issues and cognitive dysfunction.

The phenomenon is so new that expert opinions vary as to its scope. The authors of the aforementioned survey define "long-COVID" as "a collection of symptoms that develop during or following a confirmed or suspected case of COVID-19, and which continue for more than 28 days." British health officials, however, define it as symptoms lasting more than 12 weeks, while the Infectious Disease Society of America still has not provided a definition or even an agreed-upon name.

DIAGNOSIS & TREATMENT

Although he's only seen a few of these patients so far, Dr. Brookmeyer warns, "There are going to be a lot of them." But he cautions clinicians, "Don't go in with an anchored bias

that it's post-COVID, or you're going to miss something." For instance, he's had patients who assumed their symptoms were still COVID-related and didn't seek help. Yet, they actually had unrelated and serious bacterial infections requiring hospitalization. "You need to do a careful history and physical to make sure the symptoms aren't explained by an alternative diagnosis," he says.

Dr. Brookmeyer explains that studies find people who were hospitalized with COVID have a higher chance of experiencing long-term symptoms.

According to the *Journal of the American Medical Association*, an Italian study of 143 COVID-positive patients found 83% of hospitalized patients had at least one symptom three months after discharge.

Once it's clear the symptoms are related to the initial infection, Dr. Brookmeyer says, there's not much a clinician can do beyond providing symptom management. For example, he recommends managing fatigue with good sleep hygiene and exercise. Symptoms like cough should be addressed with a thorough pulmonary work-up. An otolaryngologist should evaluate chronic anosmia, and mental health providers should address the anxiety, depression and post-traumatic stress syndrome that may exist, particularly among people who were hospitalized.

"It's a tough disease," he says. "We're going to learn more in the next couple of months, and there's probably not an easy answer. This is going to take time and work to recover from." **HT**

FOR MORE INFORMATION about COVID-19, visit healthtrustpg.com/thesource/tag/covid-19

In nurses WE TRUST

HCA Healthcare Chief Nurse Executive Jane Englebright explains how we can meet the needs of these essential professionals

IN 2020, DUBBED "THE YEAR OF THE NURSE AND MIDWIFE" by nursing associations, nurses were considered the most trusted and ethical professionals in the U.S. for the 19th straight year, according to a Gallup poll. With a record-breaking 89% of respondents ranking their trust in nurses as high or very high, it's no surprise nurses' crucial role garnered even more attention and respect last year, given the invaluable part they have played during the COVID-19 pandemic.

"Nursing is the lifeblood of our enterprise," says **Jane Englebright**, Ph.D., RN, CENP, FAAN, Senior Vice President and Chief Nurse Executive for Nashville, Tennessee-based HCA Healthcare. She sees firsthand every day how nurses are keeping the system running. "Nurses are innovating with technology to solve emerging issues, analyzing research and evidence-based practices to create best-in-class standards of care and taking care of each other in situations we could not have imagined."

Englebright explains it's as important as ever to provide nurses with what they need to forge ahead through the pandemic and beyond.

MAKING TOOLS & INFORMATION AVAILABLE

The pandemic has put all healthcare workers—especially front-line nurses—under an immense amount of stress. "As leaders, we have to recognize the trauma our caregivers are enduring," Englebright says.

Part of that stress management is ensuring nurses have the tools necessary to do their job, and Englebright says that starts with taking the time to listen. "Understanding their thoughts and taking action on their suggestions is critical to supporting them in the short term and also in building a strong strategy to meet their needs in the long term."

When in doubt, Englebright recommends starting with the basics. "In our zeal to help, leaders sometimes act without asking nurses what they need—we often think too big," she says. In some cases, she explains, the solutions are simple, such as procuring more thermometers, repairing a computer or rescheduling a linen delivery. "These are little things, but solving these small-but-frequent frustrations can have a big impact."

Problem-solving also requires the sharing of information, both ways. "As part of this effort, HCA Healthcare has created intentional and purposeful ways of connecting with nurses," Englebright notes. These efforts have included frequent surveys to gauge nurse engagement and needs, advisory councils, shared governance models and new approaches to quickly deliver COVID-19 education to front-line nurses through their mobile devices.

OFFERING ESSENTIAL RESOURCES

In addition to having the proper tools to do their jobs, nurses must feel safe, connected and supported. (See page 50 for more on managing mental health care for clinicians.) "A year into the pandemic, our teams are fatigued," says Englebright. "Supporting them means making sure they have access to emotional support and stress management resources, and they feel safe in the work environment."

While HCA Healthcare prioritized creating robust wellness programs before the pandemic, Englebright explains that COVID-19 accelerated the rollout of additional resources to support its teams:

- **Nurse Care:** This anonymous help line provides free, professional emotional support for nurses. They can call about anything from pandemic-related stress and work-life

Photography: Angela Novak

balance to marital issues. In 2020, Nurse Care received more than 25,000 calls across the healthcare network, 20,000 of which were related to COVID-19.

- **HCA Inspire:** This mobile app supports nurses in several ways. Not only does it offer up-to-date communication on what's happening both within a facility and inside the organization as a whole, but it also includes career mapping features and encourages new nurses, or nurses looking to transition to another specialty, to find a mentor within HCA Healthcare.
- **iMobile:** This on-demand mobile technology connects care teams within facilities. Compassionate, connected care is always vital in nursing, and the pandemic required HCA Healthcare to find new ways to increase virtual connections across the enterprise, including virtual preceptors for new and redeployed nurses to provide guidance and mentoring.
- **The Hope Fund:** Colleagues support and run this public charity. It helps staff members navigate unexpected crises, such as a personal illness, death of a family member or financial challenges related to the COVID-19 pandemic. Since the Hope Fund's inception in 2005, HCA Healthcare colleagues have helped to deliver more than $67 million in assistance to more than 40,000 families when they needed it most. More than $3 million of this total was distributed to over 2,000 colleagues to help with the loss of household income, childcare costs or other unexpected financial challenges related to the COVID-19 pandemic.

PROVIDING OPPORTUNITY FOR GROWTH

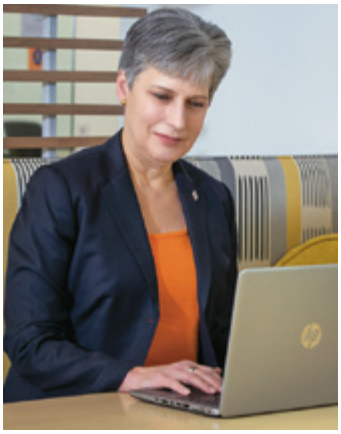
While the challenges nurses face today are daunting, Englebright believes this is a great time to become a nurse. "You can immediately have a tremendous impact," she says. "By serving in such a trusted role, nurses are pivotal on a daily basis to public health outcomes—not just during a health crisis."

The unique combination of trustworthiness and expertise means the nursing profession is rife with opportunity. "The amazing variety of the nursing profession creates the ability to have several different careers," Englebright explains. "For example, I think the RN in acute care is going to become more engaged in care coordination, overseeing the work of assistive personnel, and monitoring patient needs and conditions using technical tools and evaluating alerts from artificial intelligence."

HCA Healthcare offers a wide variety of roles in alternate sites of care, from the bedside to roles in transfer nursing, call centers and surgery centers. "We aim to give nurses

options and flexibility to work in a role that fits their lifestyle," Englebright adds.

In the near term, the COVID-19 pandemic is also providing unique opportunities for improvements. "I hope that nurses can leverage some of the trust and goodwill to continue encouraging communities to take precautions to prevent the spread of COVID-19," Englebright notes. "I believe we will look back on the events of the past year and realize we have set new standards for exceptional care in this country." **HT**



Photography: Angela Novak

ABOUT JANE ENGLEBRIGHT

Jane Englebright, Ph.D., RN, CENP, FAAN, serves as Senior Vice President and Chief Nurse Executive for HCA Healthcare, one of the nation's leading providers of healthcare services based in Nashville, Tennessee. Englebright oversees 98,000 nurses across the enterprise.

Englebright began working at HCA Healthcare as a critical care nurse in 1992. In 1996, she was appointed Chief Nursing Officer at an HCA Healthcare hospital in San Antonio, Texas. In 2007, she became the health system's first enterprise Chief Nurse Executive.

On Jan. 1, 2021, The Joint Commission named Englebright the Board of Commissioners Chair, a role she takes to heart. "Like many other elements of our healthcare system, The Joint Commission has been disrupted by COVID-19," Englebright says. "My goal is to support the organization and its leadership team as they continue to navigate the pandemic."

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STRESS test

Examining mental health among front-line clinicians as a side effect of the COVID-19 crisis

WORK ON THE COVID FRONT LINES HAS BEEN CHALLENGING AND OVERWHELMING—and for many healthcare professionals, their mental health is suffering.

A SERIOUS SITUATION

Not surprisingly, job burnout rates among healthcare workers have worsened in the last year. COVID-19 frequently presents a depressing clinical scenario, with high morbidity and death rates. Because patients can't have visitors in most hospitals, nurses serve as the liaisons, including helping dying patients say goodbye to friends and family through video calls. As a result, clinicians experience strong emotions ranging from fear, sadness, anger and helplessness—leaving them vulnerable to negative mental health effects. Yet, they are compelled to stay the fight.

"Because nurses and doctors are so dedicated to their jobs, the attrition level is lower than you would anticipate, even though they're feeling burned out," says HealthTrust Physician Advisor **Kade Huntsman**, M.D., Chief of Surgery at St. Mark's Hospital in Salt Lake City, Utah. "They feel a sense of self-worth that they're able to help fight this crazy pandemic."

Many hospitals have made efforts to increase support for their staff as they tirelessly work their way through this bio-disaster.

A FOCUS ON MENTAL HEALTH RESOURCES

At St. Mark's Hospital, mental health practitioners meet regularly with ICU and other front-line staff to help them overcome the negativity surrounding this crisis. Staff are asked to complete a brief questionnaire that alerts providers as to how they're feeling. Mental health specialists provide individual psychosocial support each day to nurses and others who have had a particularly bad day by listening to them talk about and process the situation.

"They are given coping mechanisms and tools to deal with their own depression and negative feelings from this busy, overworked condition," says Dr. Huntsman. "It is always helpful to be able to talk to someone at work so that when you go home, you can recover from the event rather than continue dwelling on it." This approach has rendered positive feedback from staff.

The national stigma around reaching out for help for a mental health issue only makes it harder to address the problem, so combating that stigma is a vital part of overcoming this crisis. "I hope that a good thing to come out of this is for people to know that it's OK to talk about these situations," says Dr. Huntsman.

THE POWER OF INFORMATION

Leadership at St. Mark's Hospital also sends daily email updates and holds weekly COVID-19 meetings. The email is brief and includes the number of patients currently in the hospital with COVID-19 and other helpful facts.

"These ongoing updates are very valuable because physicians and nurses are getting factual information about how clinical events are actually progressing, rather than sharing rumors," says Dr. Huntsman.

Healthcare workers who haven't yet seen high volumes of COVID-19 patients, or who aren't on the front lines, can still experience anxiety. "When healthcare workers are in an area where there aren't COVID patients, and they hear news about hospitals in other parts of the country experiencing PPE [personal protective equipment] shortages, bed shortages and overwhelmed staff, there can be a lot of anxiety from not knowing what situation might be headed their way," says **Karen Bush**, MSN, FNP, BC, NCRP, Director of Clinical Research & Education at HealthTrust.

TAKE CARE: 10 TIPS FOR PRIORITIZING MENTAL HEALTH AMONG FRONT-LINE HEALTHCARE WORKERS

1. Offer free psychological and stress-management services in a variety of formats, such as in-person and virtual appointments, and individual and group therapy. Make sure staff know how to access these resources. The American Medical Association's STEPS Forward Program offers educational guides and resources at **edhub.ama-assn.org/steps-forward**. The American Psychiatric Association also provides resources specific to physician burnout at **bit.ly/ProviderBurnoutHelp**
2. Implement a 24/7 "warmline" (used for early intervention to prevent a crisis, whereas a "hotline" is for emergency situations) to a mental health professional. Post the number in highly visible spots for staff. Encourage them to call any time they need to talk.
3. Start a peer support program. The "battle buddies" concept is borrowed from the military, and it works well for hospitals, too. Healthcare professionals are paired together based on clinical practice and encouraged to talk daily and develop a cadence where they can lean on each other for emotional support and feedback.
4. Cheer for the front line. At the beginning of the pandemic, support flowed in from the community and businesses, with large thank-you signs, letters, meal deliveries, military flyovers and car parades, but the pandemic isn't over. Encourage your community and local businesses to continue to show their appreciation and support.
5. Celebrate patient care wins. Hospitals should continue to acknowledge when patients are weaned off ventilators, discharged or reach other care milestones. Some hospitals play a special song over the intercom, while others organize a cheer line to applaud patients as they leave.
6. Prioritize vaccination of healthcare workers.
7. Ensure staff always have adequate levels of personal protective equipment and other environmental controls so that they feel safe.
8. Require staff to take breaks.
9. Arrange hotels for staff who live a long distance from the hospital.
10. Provide education on the signs of burnout and psychological stress.

Providing access to timely, accurate and local community and facility-based information about COVID-19 can have a calming effect on staff and promote a sense of safety. "Communicate regularly with staff, and share authoritative updates from places like the NIH [National Institutes of Health], CDC [Centers for Disease Control and Prevention] and local health departments on how the situation is progressing," says Bush. "Let them know what to expect and how you're preparing, so no one is left in the dark with anxiety about what might be coming."

CREATIVE SOLUTIONS & CONNECTIONS

Boston Medical Center (BMC) has found a simple yet powerful way to have those conversations. **Beth Milaszewski**, LICSW, an independent clinical social worker who specializes in trauma, has served BMC for four years. "When COVID initially started, my big concern was front-line staff were going to internalize the suffering, sorrow and death they were seeing," she says. "So I was proactive about visiting the floors and giving them a heads up of what to expect when you're going through trauma during a crisis." But she soon realized her "resilience rounds" were tough to do with providers in high-acuity, inpatient departments, who couldn't come off the floor to talk and, at the same time, were more likely to experience intense stress.

She and two members of the food and nutrition team, **Laura Elder** and **Charles Green**, came up with a solution: a "resiliency cart" full of drinks and snacks for busy clinicians to refuel, regroup and talk. "It was for people coming together, and us bringing the watering hole to them," she says. "It naturally progressed into something welcoming. The goal of this cart is to help the front line acknowledge what's happening and destigmatize our stress response, so we can mitigate and manage it for ourselves and each other."

For Green, ordering food for the cart, including crowd-pleasing candies, reminds him of being a kid in a candy store. "It just brings back those memories and that time of peace. If we can bring that feeling to what we offer through the cart, then it helps to share that peace. Food is the brightest part of a patient's stay in the hospital. It's something to look forward to … and it's the same way with the cart."

Green and Milaszewski credit Elder with making it something special. “Laura sets up the cart, and it looks like a six-star hotel. Everything is arranged so glamorous and fancy,” Green laughs. “When Beth pushes the cart around, the positive energy travels.” Milaszewski adds, “The employees feel cared for, and it’s a beautiful thing.”

Milaszewski says the cart opens the door to conversations and solutions for healthcare workers. “Part of my role is to be a bridge to other resources available to them,” she explains. For example, since the resiliency cart started, she has seen an uptick in the use of mental health services through the organization’s health insurance plan.

The team is brainstorming ways to expand the success of the resiliency cart to other areas of the hospital. In the meantime, the light at the end of the COVID tunnel is also helping reduce stress levels Milaszewski sees on her rounds. “The intensity on the floors has changed dramatically,” she says. “It’s palpable.” **HT**

From left to right: Beth Milaszewski, LICSW, Laura Elder & Charles Green prepare the “resiliency cart” for front-line workers at Boston Medical Center.

At the TOUCH of a button

HealthTrust adds the OR integration category of products

IT'S BEEN 22 YEARS SINCE THE WORLD HEALTH ORGANIZATION LAUNCHED THE "SAFE SURGERY SAVES LIVES" CAMPAIGN to improve patient safety in the operating room. The components that go into OR safety range from the surgeon's skills to the features of the OR, including its equipment, lighting and sound.

While the decades-long push to improve OR safety isn't new, technology plays an ever-increasing role in this effort. Most recently, technology has been harnessed to create integrated ORs, in which all OR systems can be controlled by the circulating nurse from a single touch-screen. While the concept of integrated OR technology has long been in existence, the evolution of the technology has created sophisticated platforms that enhance the surgical experience for clinicians, physicians, patients and their families. This not only includes environmental controls such as temperature adjustments, lighting and sound, but also surgical equipment, video imaging for laparoscopic procedures and even access to patient information.

HealthTrust is excited about transitioning OR integration technology and products from other categories and providing OR integration its well-deserved category recognition.

INTEGRATION ADVANTAGES

Because OR integration is a new HealthTrust category, the organization invited all suppliers to provide presentations to the Surgical Advisory Board (SAB) during virtual board meetings in November 2020 and January 2021. "We thought it was important that the Surgical Advisory Board receive education and additional information on the variety of OR integration systems available," says **Jennifer Westendorf**, MSN, RN, CNOR, Director of HealthTrust's Surgical Board.

The SAB learned much about the various capabilities of integrated OR platforms, including their communication capabilities. "Historically, an RN would have to pick up the phone, call the waiting room and deliver an update to the waiting room staff, who would then pass the message on to the patients' family members," Westendorf explains. "Some OR integration platforms allow the nurse to send an update via a text message directly to the family members, eliminating several steps in the process."

Board members also learned how this technology can be customized. "The OR integration platform can be preprogrammed to a specific surgeon's preferences," says

Tamara Henon, RN, CNOR, CMRP. "This greatly increases efficiency and physician satisfaction." Other advantages of using OR integration products include:

- Fewer cables and cords, reducing the risk of accidents
- Better control of sterile environments, due to the single touchpad and voice-recognition/activation capabilities of some modules
- The ability to share real-time surgical videos with remote clinicians or students

MAXIMUM EFFICIENCY

In a qualitative study that involved interviews with surgeons and nurses working in integrated ORs in several hospitals, the main advantage interviewees cited was improved workflow during surgery. The study authors wrote, "Both surgeons and surgical nurses experienced that the integrated ORs facilitated smoother and more efficient working procedures in terms of faster response on requests for adjustments of surgical equipment and functionalities and fewer disruptions during surgery."

Integrated ORs can also provide information about each procedure going on at once to a single command center, allowing the board runner/charge nurse to shift cases to minimize delays and adjust staffing. "Without it," says Westendorf, "the charge nurse has to visit each OR for updates."

Paula Branson, Director, Capital Equipment Services, adds, "When looking to purchase an OR integration platform, all key stakeholders should be included in the planning process. These may include physicians, RNs, radiology, lab, biomed, facilities management and administration."

In the future, look for integrated OR technology to offer even more advancements, including artificial intelligence, virtual reality and more patient-centric services.

Watch the *Response* newsletter to know when this category of products has been added to the Member Portal. **HT**

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For more info go to pdihc.com/covid-19-resource-center/

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[1] https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

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