



Innovation and Resilience:

# Defining the Future of Care Delivery

Perspectives from National  
Healthcare Leaders

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The COVID-19 pandemic has put the nation's healthcare system to the test, creating unprecedented clinical, operational, and personnel challenges. With COVID-19 cases surging in large swaths of the U.S., the nation's [leading public health experts have stated](#) the country is still in the first wave of the pandemic.

To identify key learnings from the healthcare industry's initial response to the ongoing public health crisis, *Becker's* and the multispecialty physician partnership Vituity convened a group of healthcare leaders on June 18 — several from organizations located in areas hard hit in the early months of the pandemic — for a virtual roundtable discussion on lessons learned, maintaining surge preparedness, and the ways healthcare has been permanently altered by the crisis.

Call participants were:

- Imamu Tomlinson, MD, MBA, CEO of Vituity
- Denise Brown, MD, Chief Growth Officer of Vituity
- James Blazar, Executive Vice President and Chief Strategy Officer with Edison, N.J.-based Hackensack Meridian Health
- Ajay Kumar, MD, Executive Vice President and Chief Clinical Officer with Hartford (Conn.) HealthCare
- Liz Popwell, Chief Strategy Officer of Ascension Michigan, a division of St. Louis-based Ascension
- Ronald Robinson, MD, CEO and CMO of Northwest Kansas Managed Hospitals for Centennial, Colo.-based Centura Health
- Richard Trogman, President of PIH Health Downey (Calif.) Hospital
- Ron Walls, MD, Executive Vice President and COO of Boston-based Brigham Health

The following ebook is based on insights shared by these individuals about their respective organization's response to the COVID-19 crisis.

## A defining moment for healthcare

Healthcare is built for emergencies. From natural disasters to human-made crises, providers are often on the front lines of these events caring for survivors. However, while disaster preparedness is in a hospital's DNA, no one in healthcare has seen a public health crisis of this magnitude.

## Meet the Leaders



**Imamu Tomlinson, MD, MBA,**  
CEO of Vituity



**Denise Brown, MD,** Chief Growth  
Officer of Vituity



**James Blazar,** Executive Vice  
President and Chief Strategy  
Officer with Edison, N.J.-based  
Hackensack Meridian Health



**Ajay Kumar, MD,** Executive  
Vice President and Chief Clinical  
Officer with Hartford (Conn.)  
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**Liz Popwell,** Chief Strategy  
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a division of St. Louis-based  
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and CMO of Northwest Kansas  
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**Richard Trogman,** President  
of PIH Health Downey (Calif.)  
Hospital



**Ron Walls, MD,** Executive Vice  
President and COO of Boston-  
based Brigham Health



The silver lining of any crisis is that it crystalizes priorities. And amid the COVID-19 pandemic, priorities have remained clear for hospitals — it's the people that matter most. During this crisis, providers have risen to their calling to deliver quality patient care in often chaotic circumstances, while supporting each other as a means of fostering resilience in the face of deadly adversity. Clinicians have also developed and leveraged innovative forms of care delivery to reach more patients and protect providers at a rapid clip. Collaboration and cooperation are at an all-time high in the industry. But it hasn't been an easy road to get to this place.

## Healthcare's great leap forward: The lasting change providers and patients deserve

As a practicing emergency medicine physician and the CEO of Vituity, Dr. Tomlinson is well-versed in the difference in priorities that can exist between providers on the front lines and the C-level of healthcare administration. During the COVID-19 crisis, both healthcare administrators and providers on the ground have aligned behind a shared goal of doing what's best for the patient. This is mission-driven healthcare at its finest and, according to Dr. Tomlinson, an opportunity for healthcare leaders to redefine their organization's relationship with both the medical staff and patients in the community.

The response of clinicians around the country has been heroic. As the leader of a physician owned-and-led multispecialty partnership, Dr.

Tomlinson has seen this widespread heroism firsthand. "There was a rallying cry across our organization from leadership to the front lines," Dr. Tomlinson said. "COVID-19 has personally shown me just how passionate and resilient our providers and leaders are."

To meet the demands of this unprecedented crisis, hospital administrators and clinical leaders had to sit in long periods of uncertainty, collaborate both within and outside of their organizations, and make use of innovative technologies like telehealth to protect capacity levels, patients, and providers.

## Getting comfortable with uncertainty

The COVID-19 crisis is unique in several respects, but one element of the emergency that undermines traditional hospital crisis preparedness is the duration of stretches of uncertainty. Once a hospital is in crisis response mode, it is not unusual for the precise demands on resources and personnel to be temporarily unclear.

While in the crisis response mode, hospital incident command teams can anticipate how much equipment and staff the organization will need to outlast the crisis. Dr. Walls described this as the "period of maximal uncertainty, which typically lasts an exhausting few hours, maybe a day or two at most." The period of maximal uncertainty during the initial surge of COVID-19 was significantly longer, lasting for weeks at Brigham Health as incident command leaders worked to anticipate capacity and supply needs.

“We didn’t know what was going to happen, and that uncertainty lasted for weeks,” the physician COO said. “That was emotionally draining, and it took a lot of support to help people make decisions through all that.”

Amid peak novel coronavirus spread in Michigan, Ascension Michigan could see more than 1,000 COVID-19 patients on any given day across its 17 hospitals, according to Ms. Popwell.

“It was overwhelming,” she said, adding that the health system was challenged to obtain adequate levels of personal protective equipment and ventilators, in addition to physical space for care delivery. “We had to convert hospital space into high acuity [intensive care units]. We had to move low acuity out and stop elective procedures,” Ms. Popwell said.

Mr. Trogman echoed the sentiments expressed by Dr. Walls. “Here in California, we experience floods, earthquakes, fires. We drill for disaster all the time,” the PIH Health Downey Hospital president said. “Those are on much shorter timelines. This crisis is unique because the disaster is still going on, it’s long-term.”

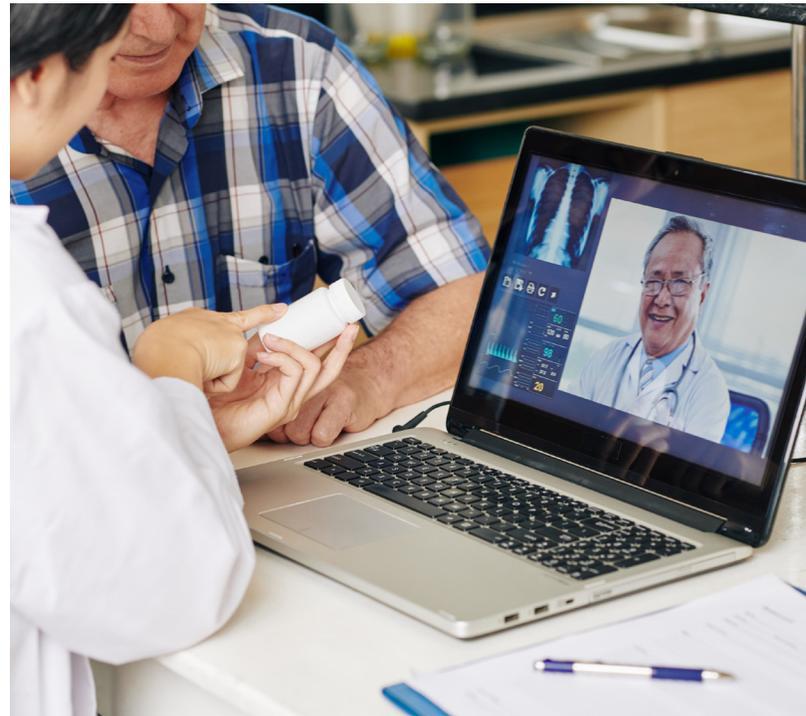
## Expanding telehealth capabilities

Telehealth has been an essential component to the healthcare’s response to the spread of novel coronavirus. The organizations represented on the roundtable call had significantly and rapidly expanded their virtual care capacity in relatively short amounts of time. Over the span of about two and a half weeks, virtual care visits at Brigham Health catapulted from 11 per day to more than 3,500 per day, according to Dr. Walls. It’s a change the health system plans to embrace in the future.

“[Widespread use of telehealth] is something we absolutely plan to continue moving forward,” Dr. Walls said. “It’s efficient and allows us to handle capacity in a much safer way as we bring back more [non-COVID] patients.”

Hackensack Meridian Health also increased its telehealth capacity to accommodate more than 3,000 visits in about the same timeframe as Brigham Health. “We were averaging zero telehealth visits per day before this,” said Mr. Blazar, Hackensack Meridian Health’s CSO. “I would have never imagined we could move that quickly.”

Another telehealth innovation at Hackensack Meridian Health is its virtual COVID-19 “recovery clinic,” which system established to stay in close contact with severe COVID-19 patients who had been discharged from the hospital but were at



risk for further health issues, including potential behavioral health and pulmonary health problems. The program begins remotely but also serves as a bridge to appropriate specialty care for patients, which could include coming in for face-to-face appointments.

## Working together on shared goals

Collaboration both internally and externally was also essential to Hackensack Meridian Health’s COVID-19 response. Team members cooperated to increase physical bed capacity, turning the hospital cafeteria at Hackensack (N.J.) University Medical Center into a 72-bed COVID-19 unit. The health system’s innovation team also created its own COVID-19 test, [which received emergency use authorization](#) from the FDA in March. The health system also collaborated with other healthcare organizations across New Jersey to help providers statewide get access to the necessary equipment.

Healthcare’s new normal, for the time being, is proactivity. Leaders are proactively promoting staff well-being and resiliency and working to address the health disparities that have exacerbated this crisis. And hospitals in parts of the nation where COVID-19 cases are declining or have not surged need to be prepared to act if there is an acceleration in virus spread. “This pandemic has brought out the best in healthcare,” Mr. Blazar said. “I hope the collaboration and cooperation continues as we approach whatever the new normal is.”

## Solving for healthcare inequalities

Also, according to the [CDC](#), “Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.” Elderly patients and those with chronic illness are more likely to experience worse outcomes due to novel coronavirus infection. As of June 12, Black Americans and Native Americans had been hospitalized for COVID-19 at a rate five times higher than white Americans, while Hispanic Americans had a hospitalization rate four times higher than white Americans.

Several leaders on the call discussed the importance of addressing these health disparities as a critical part of healthcare’s future. To help mitigate the outsized harm COVID-19 can have on certain populations, leaders at Hartford Healthcare are working on outreach efforts to engage and identify individuals in their community with elevated vulnerability to the virus, according to Dr. Kumar.

“Something we’ve tried to do is get testing to underserved communities,” the health system’s chief clinical officer said. “We’re going to learn, and we’re going to get better at things like that. Hopefully, long-term, this begins to shape our region’s health in a different way.” Additionally, Hartford Healthcare offered educational sessions focused on sharing best practices to nursing homes and assisted living facilities in its region, whether the facilities were affiliated with the health system or not. These regularly held sessions offered these facilities insights into infection control protocols and best practices for safe patient transfers.

Dr. Brown, Vituity’s chief growth officer, shared Dr. Kumar’s enthusiasm for engaging with vulnerable communities, pointing to the potential influence that virtual engagement with at-risk individuals could have on outcomes. Vituity clinicians practice in nine specialties across 16 states and deliver care in several underserved communities around the country. During the spring surge of COVID-19 patients, the physician group partnered with health systems to use technology to deliver care and medications at home to better serve patients and leave more hospital beds open for those with the most severe cases.

“We need to keep thinking about how we can use this framework in the future,” Dr. Brown said. “We need to meet patients where they are,



rather than the other way around, and that’s how we blow up the transactional nature of medicine and really start to take care of our communities.”

## Cultivating physician resilience

In addition to improving care and patient engagement, organizations represented in the roundtable discussion were also focused on fostering resilience among clinicians. The COVID-19 crisis has taken an incalculable toll on the nation’s healthcare providers. According to a [June 6 tally published](#) by *The Guardian* and *Kaiser Health News*, nearly 600 front-line healthcare workers appear to have died of COVID-19. The loss of life is devastating but more prolific is the likely psychological fallout related to working excruciatingly long hours, being isolated from family, and encountering an incomparable amount of death.

Dr. Robinson, who serves as CEO for an arm of Centura Health that includes two hospitals providing care to a rural area comprising approximately 50,000 people, said operational efficiency is essential to supporting provider resiliency. Removing friction from the way care is delivered and focusing on provider safety is key to building resiliency. Virtual care services can help support greater efficiency and protect providers. Dr. Robinson specifically pointed to home monitoring for respiratory vitals as particularly useful.



“We can partner with industry on [virtual hospitalizations] and monitor respiratory rates from our nursing unit in the hospital,” Dr. Robinson said. “That’s the kind of thing I see as supporting physician wellness and resiliency.”

At Hartford Healthcare, Dr. Kumar noted that the hospital promoted a variety of measures to better control the emotional trauma to their employees, such as respite rooms and counseling. “Our clinicians appreciated that system was responding to COVID-19 crisis wellbeing of colleagues in mind which helps fosters trust. Creating a supportive culture while creating a trusting environment with our colleagues is a strategy to differentiate us in the market.”

Dr. Brown added that “Giving providers the license to act and the ability to innovate and change how we care for patients is the way forward to ongoing resiliency for whatever may come next.”

## Future-forward is the only direction

COVID-19 has put a spotlight on the depths of bravery, talent, and ingenuity stockpiled in the nation’s healthcare system. When the crisis subsides, it will be a time for healing and reflection. But it will also be time for action. It will be up to healthcare leaders to pick up the momentum for positive change created by this horrendous crisis and carry it into the future.

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**Denise Brown, MD, Chief Growth Officer of Vitivity**

The past several months of this pandemic have also reinforced the need for health systems to bring creative solutions to market in a matter of weeks, if not days. It’s critical for healthcare leaders to learn from the experiences of different hospitals around the country, and the unique ways that care has evolved to meet the community needs in ways the benefit providers and patients. Enacting change is never easy and collaborating with experienced partners is essential to achieving successful transformations to acute care delivery.

“This response has been a testament to what meaningful care, integration, and leadership actually mean,” said Vitivity’s Dr. Brown. “There’s been a great a leap forward ... let’s hope that we never go back.” ■



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