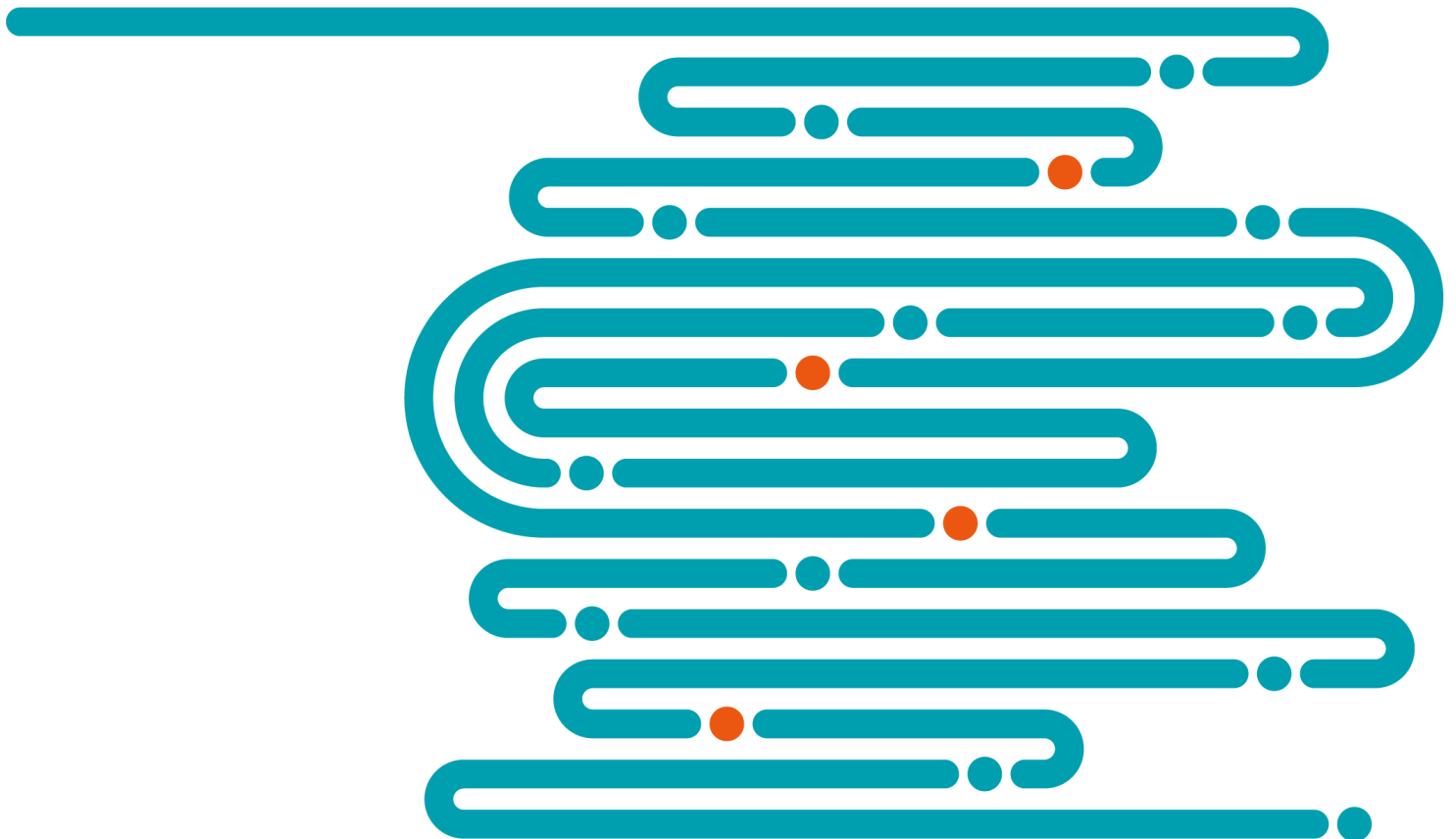


Connecting With Patients During COVID-19: A Panel Discussion

Updated July 2020



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Introduction (updated July 2020)

Background

Health care organizations are making plans to restart elective procedures using guidance from professional associations and industry experts. However, life in the “new normal” during and after the COVID-19 pandemic may not resemble what we had become accustomed to. Health care consumers may not behave the way we might expect. Vizient and Sg2 connected with patients during COVID-19 to discuss their thoughts about the reopening of health care services, specifically elective procedures, and how they will make decisions in the “new normal”.

This report summarizes our findings from a webinar panel discussion and polling questions with patient and family advisors (PFAs) conducted on May 1, 2020 and a secondary follow up survey sent to patients on July 1, 2020. Vizient’s goal is to analyze how patient perceptions of the safety of elective procedures are evolving over time.

Participants

In May over 40 PFAs joined the webinar, participated in polling questions and chat discussions. PFAs are patients and family members who have received care at health care organization and who partner with them to improve health care quality, safety and the patient experience. Health care administrators, clinicians and staff engage PFAs through Patient and Family Advisory Councils (PFACs). A study conducted by Vizient to our members in 2019 showed that 82% of 120 Vizient member hospitals surveyed had PFACs, much higher than other surveys that estimate 60-65% of hospitals have such councils.

In July, Vizient invited patients and families to participate in a survey with many of the same questions from the May webinar as well as a few additional questions regarding their health care delivery preferences in relation to the COVID-19 pandemic.

May webinar participants

- More than 40 PFAs
- Two-thirds female; one-third male
- Mostly younger in age; nearly 70% under age 65
- Practically all from urban/suburban locations; 9% from small/rural locations

July follow up survey participants

- Nearly 70 PFAs
- Three-fourths female; one-fourth male
- Evenly split between those older than 65 (47%) or 64 or younger (53%)
- Mostly from urban/suburban locations, only 18% small/rural

A dozen PFAs volunteered to be part of a panel during the May webinar, giving their thoughts beyond the polling questions by responding to discussion questions posed during the webinar. Vizient and Sg2 would like to thank the following PFAs for their time and thoughtful comments during our May discussion.

- Katie Alyea, Reid Health, Richmond, Ind.
- Paula Boffa-Taylor, Temple Health, Philadelphia, Pa.
- Anissa Chadick, INTEGRIS Lakeside Women’s Hospital, Oklahoma City, Okla.
- Frank Chatmon, INTEGRIS Cancer Institute, Oklahoma City, Okla.
- Sue Drontle, CentraCare, St. Cloud, Minn.
- Ronnie Freeman, INTEGRIS Southwest Medical Center, Oklahoma City, Okla.
- Marcia Johnson, INTEGRIS Grove Hospital, Grove, Okla.

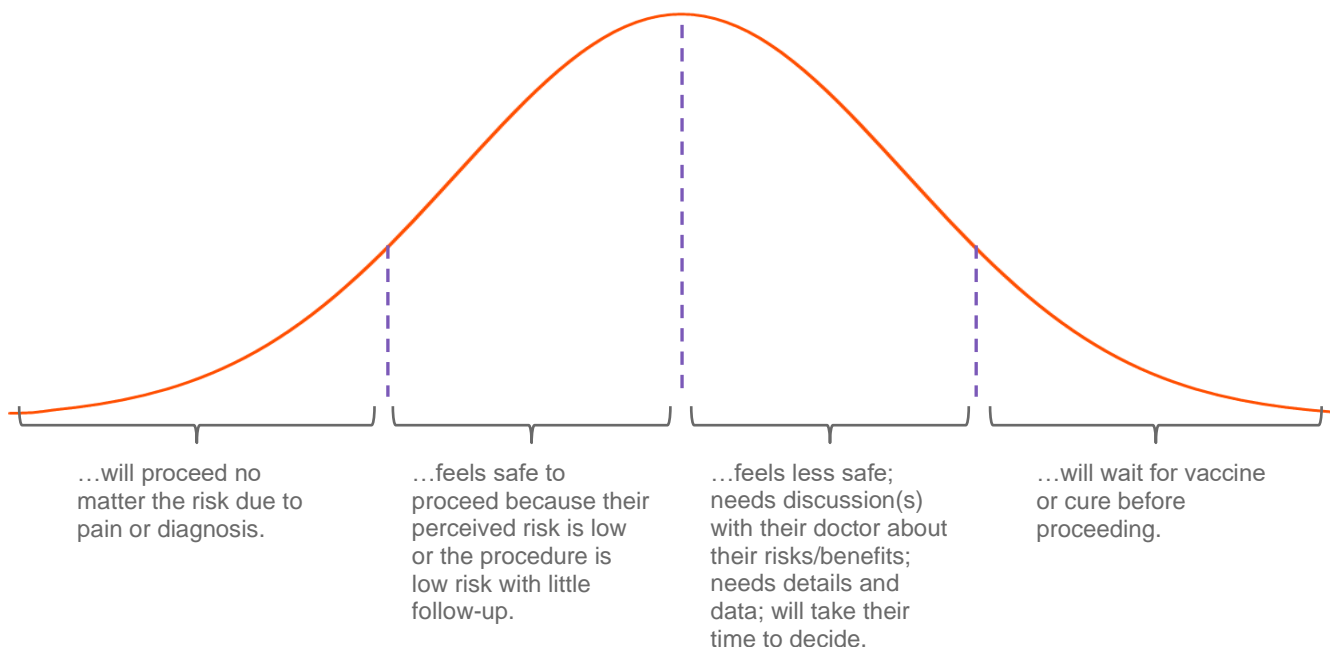
- Kelly Loyd, Medical University of South Carolina, Charleston, S.C.
- Helen Miyasaki, UF Health Gainesville, Fla.
- Katherine Nyholm, Beth Israel Deaconess Medical Center, Boston, Mass.
- Rachel Weissburg, Sutter Health, San Francisco, Calif.
- Diane Whitman, Emory Healthcare, Atlanta, Ga.

Key insights (updated July 2020)

Health systems may be overestimating how quickly or easily patients will move forward with elective procedures and may be underestimating the time and resources it will take, especially for physicians, to convince patients to do so. “If you build it, they will come” is not a strategy that will activate patients. Health systems must thoughtfully plan for reopening and consider how patients may perceive their risks of exposure to COVID-19 versus the benefits of moving forward with their procedure.

Thinking in terms of a traditional bell curve, the initial wave of patients most likely will include those desperate to move forward no matter the risk (oncology patients, patients impaired in their activities of daily living or in pain), followed by a second wave that may feel safe because of their perceived low personal risk or need for a low risk procedure with little follow-up. When these first two waves are scheduled for their elective procedures, physicians will need to engage the next potential group of patients—those who feel less safe—to ensure a steady stream of revenue. These patients will likely have many questions and will need to have discussions with their doctor about their risks and benefits. They will need details and they will need data. They will take their time to decide. Discussions and data won’t help the last group of patients move forward with elective procedures. They will wait until there is a vaccine or a proven cure and there will be no convincing them to do it sooner.

Figure 1. Person considering an elective procedure based on their perceived risk of exposure to COVID-19



It's imperative to engage PFAs/PFACs when planning to restart elective procedures. It can give health systems a competitive advantage and insightful action items like planning for families/caregivers to be present for elective procedures and integrating telehealth, virtual visits and remote patient monitoring pre- and post-procedure.

Survey results from July showed that patient perceptions of the safety of elective procedures has remained relatively steady from May. Most participants feel safe having an elective procedure, however, the discussion themes from the May webinar are still relevant. Building trust with patients and their families in the "new normal" is an important step when restarting elective procedures. Communicating data and details, as well as safety protocols and practices are key to bringing back patients. Anecdotal commentary from a PFA who participated in both surveys indicated that she had some experiences with the health care system since May and was feeling better about how the safety procedures were being handled.

New questions posed in the July survey indicate that patients feel safer going to their physician's office than the ED, which has been demonstrated in the utilization patterns of patients. Health systems must continue to thoughtfully plan to provide elective procedures and consider how patients may perceive their risks of exposure to COVID-19 versus the benefits of moving forward with their procedure.

Discussion themes

"Why now, what's changed?"

Patients and families want to know "what has changed from when you told me to stay home". They want to know *why* hospitals are safe now. Among other things, they are concerned with:

- Quantity and proper use of personal protective equipment. Is there enough, how often are they changed, is there a stockpile if there's another outbreak, etc.?
- Infection rates and other data about COVID-19, not only in the facility but in the community.
- Quality and availability of testing. Who will be tested (staff and patients) and when? How will it be monitored?

Transparency and communication

Patients and families want transparent, frequent and consistent communication from various levels of health care organizations. Communication should be detailed and include data. Messages can be segmented depending on the intended audience.

- Hospital and health system leaders need to provide high level communication to the community using all types of media (social media, local news, etc.). There are too many unknowns and patients and families are not sure how confident hospitals are regarding the coronavirus. Communicate what you are doing and provide information about your processes and outcomes.

"It makes no difference how safe your facilities are for elective procedures if you could be totally overwhelmed in a month if an outbreak happens."

"The good care I received before COVID-19 continues to be good....not so good care has become worse because of the enormous strains on the system and how fragmented it is."

"Hospitals want a return to normal to help their bottom line – they'll need to think outside the box to do that."

- Providers – specifically physicians – need to leverage the relationships they've developed with their patients and communicate directly with them about their health and personal risk factors when it comes to safely moving forward with elective procedures.

"....long standing relationship with a provider, such as an oncologist, isn't it always going to be the discussion with [the physician]? The dicey situation is with a new physician without an established relationship."

- For patients and families to feel safe, no detail is too small. They want to fully understand what you're doing to keep them, their family caregivers and the staff safe.

"[We] want to be assured facility is safe as far as cleanliness, treatment area location far from where COVID patients are housed, etc."

Trust in the "new normal"

Building trust with patients and their families in the "new normal" is an important step when restarting elective procedures. Explaining every detail is key.

- Patient flow from pre-procedure through discharge must be reexamined (including how to integrate the use of telehealth and remote patient monitoring). Patient and families expect a detailed plan with checklists and instructions to help them and their family caregiver understand what will happen. They want their family caregiver with them through the entire procedure and they want them to be safe, not placed in overcrowded waiting rooms.

"There needs to be a comprehensive plan that is developed and executed, tested and verified."

- Strictly following new safety and infection prevention protocols is critical. For example, if you say that all staff and patients must wear masks that means 100% of anyone in the facility must be wearing a mask.

"Trust is really built at and continued at the provider level but can be totally lost everywhere from the valet to the robo-dialing messaging for my next appointment."

- To make them feel safe, patients and families need to "see" safety and infection prevention processes – what the facility is doing and what patients and families must do. No detail is too small including cleaning of the overall environment such as handrails, elevator doors and doorknobs; even down to process of cleaning the pens that are being used to sign forms.

"I think really taking a comprehensive look at system safety, such as buttons on elevators etc. so many unconscious touch points...how often [are they] cleaned, etc."

Personal risks

A "one size fits all" approach will not work during these uncertain times and patients will look to their physicians to help them fully understand when they should proceed.

- Patients want to fully understand their own personal risks and benefits of a given procedure; they don't want to be put into a box with other patients who happen to be the same age or have the same diagnosis.

"A big factor is perception of personal risk. A more discrete model of risk would be helpful inasmuch as there are only [parameters for] broad age groups and pre-existing conditions.....That is one reason why I would rely more on other risk indicators such as lab values and my doctor's opinion about my own personal risk/benefit of a given procedure."

- A decision about elective procedures often entails at least two opinions (if not more). Family caregivers have many concerns that will need to be addressed by the care team, preferably the physician, before moving forward with an elective procedure.

"...for caregivers of chronic patients, we are paranoid about our own health because we're taking care of this immunity compromised person. If we get sick, we can't care for them, we can't take them for required routine visits, possibly resulting in disease progression or having to live with pain. If we're all they have, our getting sick could be a disaster."

- Testing is a big concern for patients and families related to their personal risk during an elective procedure. What kind of testing is being done and for who? When? What is the turnaround time for test result and how do you manage a person's activity/exposure while waiting on that result?

"I would need to fully understand the policies and procedures being followed, what kind of testing was being done to check COVID status of staff and patients, and what data they could provide."

- Setting matters. Will their procedure take them deep into the belly of the hospital or will it take place in a stand-alone facility? Will they or their family caregiver be located near where patients with coronavirus are being treated?

"....the first thing I thought about was how nervous I would be to step into the elevator as another patient coughs into the air....that's something that the hospitals can't control...."

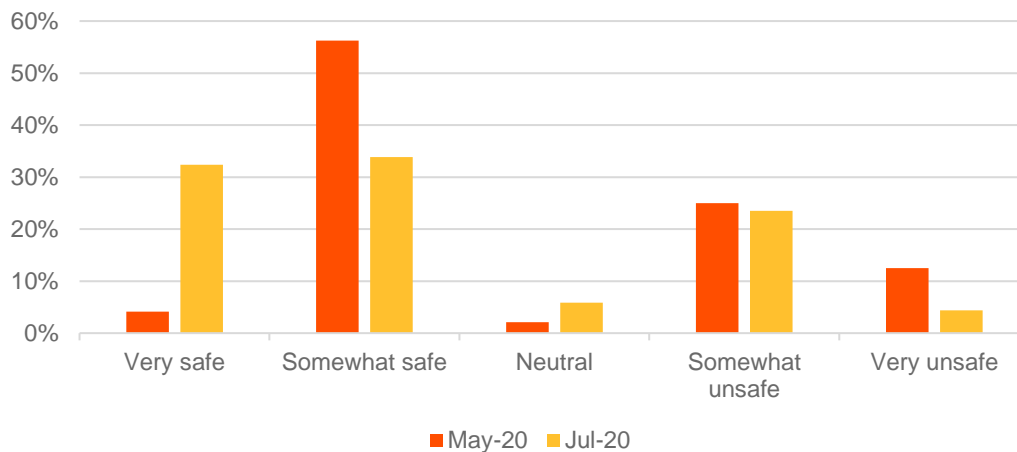
Polling questions with updated results (updated July 2020)

A short series of polling questions were posed to the PFAs attending the webinar in May that informed the key insights and fueled the webinar discussion. Vizient posed some of the same questions as well as some new ones in a follow up survey sent to patients and families in July.

Question #1

(May webinar, N=48; July survey, N=68)

How safe would you feel if you or a family member went to your preferred hospital for an elective (non-urgent) procedure today?



May analysis

- Only a small number of PFAs, 4%, felt “very safe” regarding having a procedure at their preferred hospital today. A higher number, 13%, felt “very unsafe” about having a procedure today.
- The vast majority of PFAs felt “somewhat safe”, 56%, with a lesser number, 25%, feeling the opposite, “somewhat unsafe” about having a procedure today.
- Only 2% felt “neutral” about it.

Note: Results may be slightly skewed by the demographics of the PFAs participating in the poll (70% under the age of 65), many of whom verbally said they would feel safe for themselves but not for loved ones who are at higher risk due to their age or health condition.

July analysis

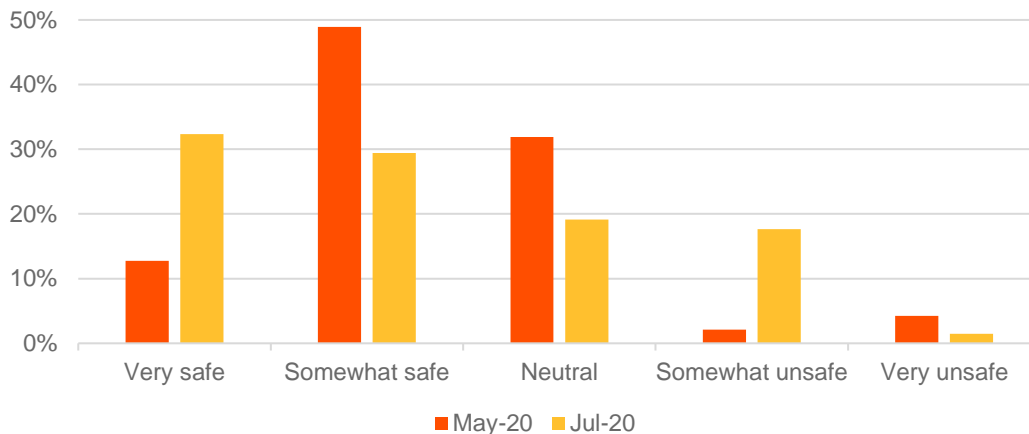
- Those feeling “very safe” having a procedure today grew significantly since May, however those feeling “somewhat safe” went down. In aggregate, those feeling “very safe” or “somewhat safe” grew by only 6%.
- Alternatively, those feeling “neutral”, “somewhat unsafe” or “very unsafe” only went down by 6%.

Note: Most participants (66%) feel “very safe” or “somewhat safe” having a procedure today; up slightly from May. Anecdotal commentary from a PFA who participated in both surveys indicated that she had some experiences with the health care system since May and was feeling better about how the safety procedures were being handled.

Question #2

(May webinar, N=47; July survey, N=68)

How safe would you feel if you or a family member went to your preferred hospital for an elective procedure in three months?



May analysis

- The vast majority of PFAs, 49%, would feel “somewhat safe” having a procedure in three months, an interesting decrease from 56% who felt “somewhat safe” having a procedure today.
- A high number of PFAs, 32%, felt “neutral” about having a procedure in three months which is the response with the highest increase vs. having a procedure today.
- The number of PFAs who would feel “very safe” about having a procedure at their preferred hospital in three months was 13%, an increase when compared to the 4% who felt “very safe” about having a procedure today.
- The number of PFAs who would feel “very unsafe” about having a procedure at their preferred hospital in three months was 4%, a decrease when compared to the 13% who felt “very unsafe” about having a procedure today.

Note: The higher number of “neutral” responses and the decrease in “somewhat safe” response may be a sign regarding the uncertainty people feel about scheduling elective procedures.

July analysis

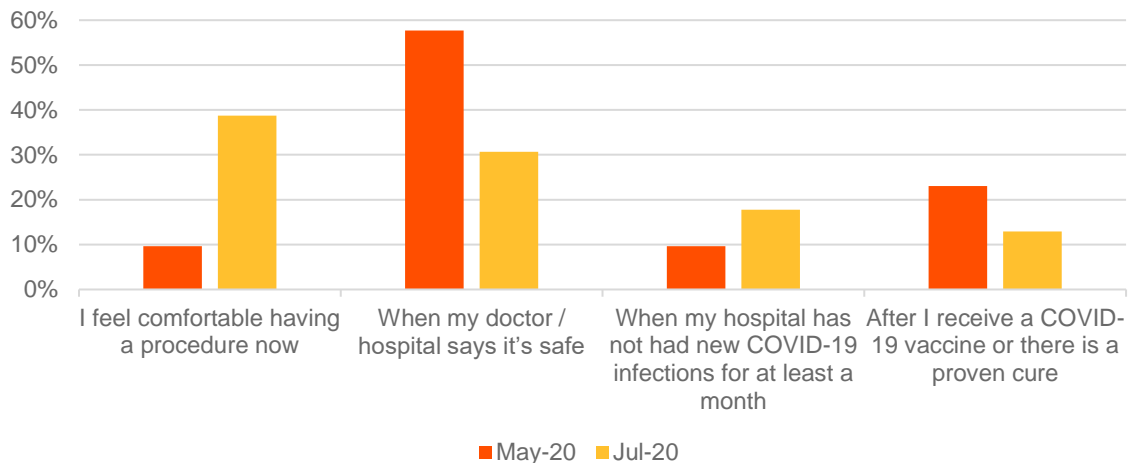
- Those feeling “very safe” having a procedure in three months grew significantly as well, and again, those feeling “somewhat safe” went down. In aggregate, those feeling “very safe” or “somewhat safe” remained the same from May to July at 62%.
- Mathematically, the aggregate of those feeling “neutral”, “somewhat unsafe” or “very unsafe” also stayed the same from May to July at 38%, however those feeling “neutral” in May went down by almost 50% and those feeling “somewhat unsafe” in July went up significantly.

Note: The aggregate of those feeling safe having a procedure in three months stayed the same from May to July but those feeling “neutral” in May seemingly moved to feeling “somewhat unsafe” in July. This signifies the uncertainty that patients still feel about the future of COVID-19 with the current resurgence of the virus in many states.

Question #3

(May webinar, N=44; July survey, N=68)

If you needed an elective procedure, when would you proceed?



May analysis

- The top two common responses shown on this graph for May were:
 - When my doctor / hospital says it's safe
 - After they received a COVID-19 vaccine or there was a proven cure for the virus

Note: Although the majority of PFAs indicated they would proceed “when their doctor or hospitals says it’s safe”, *the discussion centered on all the things doctors and hospitals would need to do to make them feel safe*. Additionally, facilities who make plans to allow families/caregivers to be present may be more successful at restarting elective procedures.

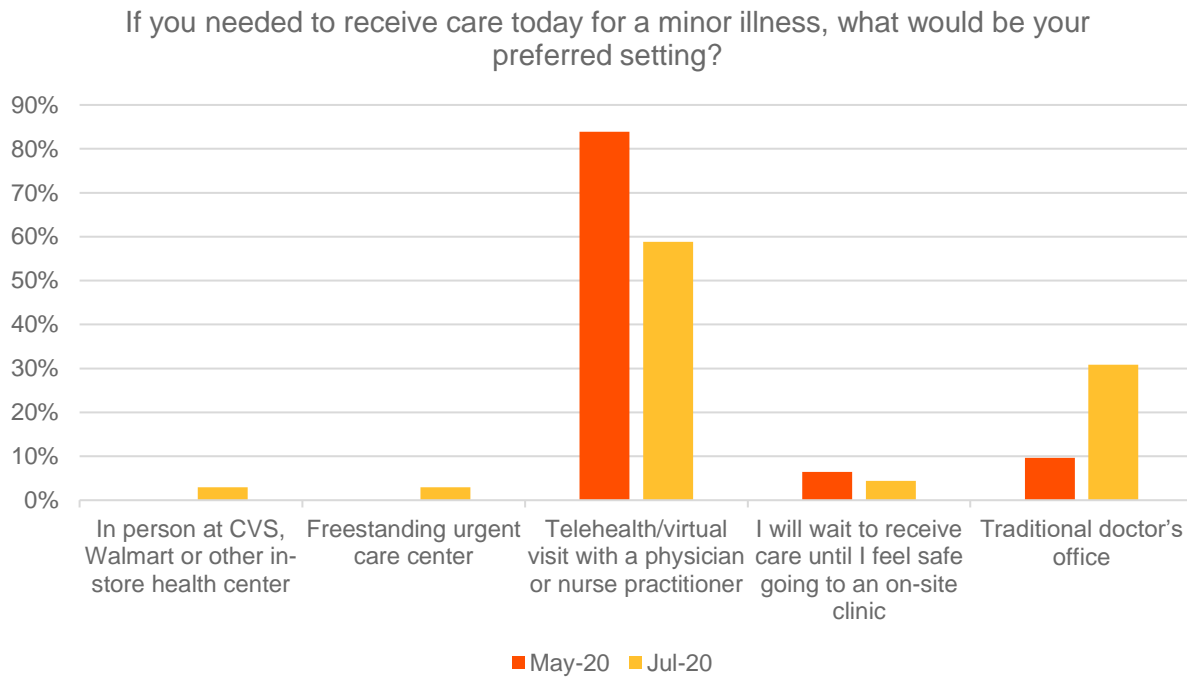
Additionally, in May, a response of “When a loved one is allowed to join me for the entire procedure” was the second highest number of responses at 21%. Facilities who make plans to allow families/caregivers to be present may be more successful at restarting elective procedures.

July analysis

- The top two common responses shown on this graph for July were:
 - I feel comfortable having a procedure now
 - When my doctor / hospital says it's safe
- The aggregate number of patients and families surveyed who would either wait until 1) their hospital has not had new COVID-19 infections for at least a month or 2) after they received a COVID-19 vaccine or there was a proven cure for the virus remained relatively the same from May to July.

Note: Patients and families surveyed in July feel more comfortable having a procedure now than in May. They are also still looking to their doctor or hospital to guide them when it’s safe to proceed so it’s important for health care facilities to continue to communicate with patients and families about why it is safe to proceed now.

Question #4
(May webinar, N=31, July survey, N=68)



May analysis

- Telehealth is the preferred way PFAs would like to receive care for minor illnesses at 84%.

July analysis

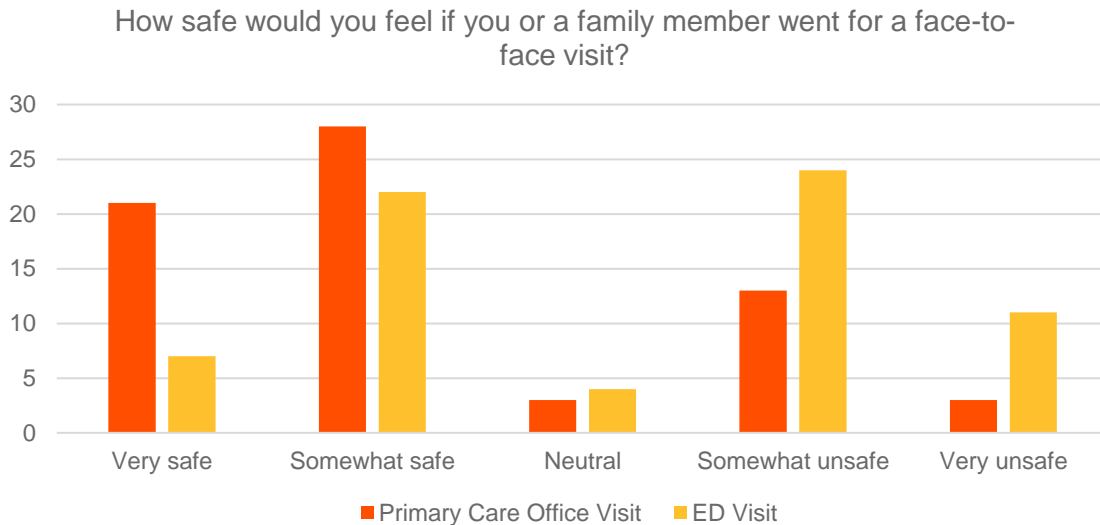
- Overwhelmingly, telehealth remains the preferred way patients and families surveyed would like to receive care for minor illnesses followed by traditional doctor's office visits.

Note: Telehealth is here to stay, that's obvious. How we integrate telehealth, virtual visits and remote patient monitoring pre- and post-procedure may need more consideration and could be another differentiator when restarting elective procedures.

Additional polling questions from the July survey

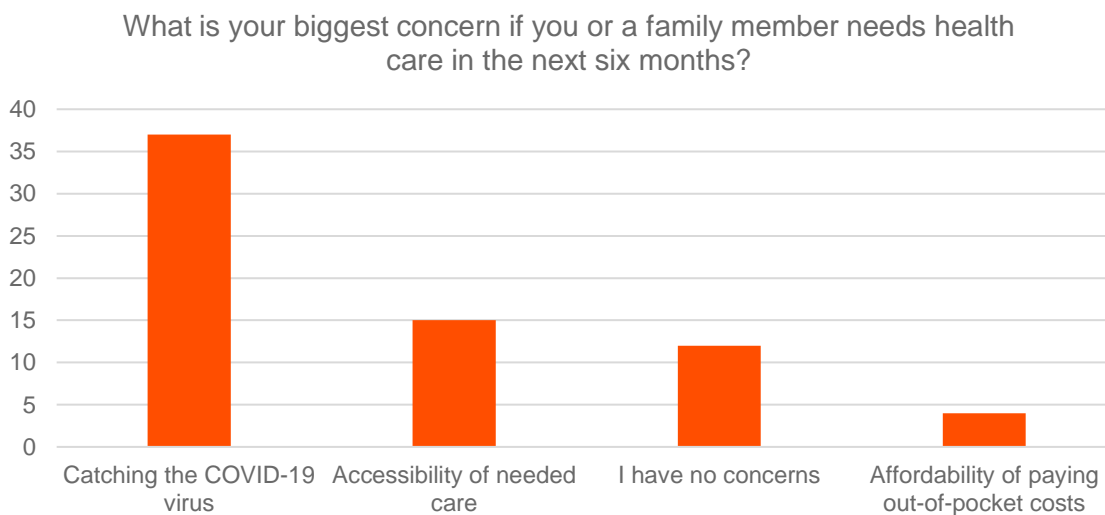
The following polling questions did not appear in the survey during the May webinar. They were added for the July survey to provide additional insights in light of recent developments.

Question #5 (N=68)



- Patients feel safer going to their primary care physician’s office than the emergency department (ED).

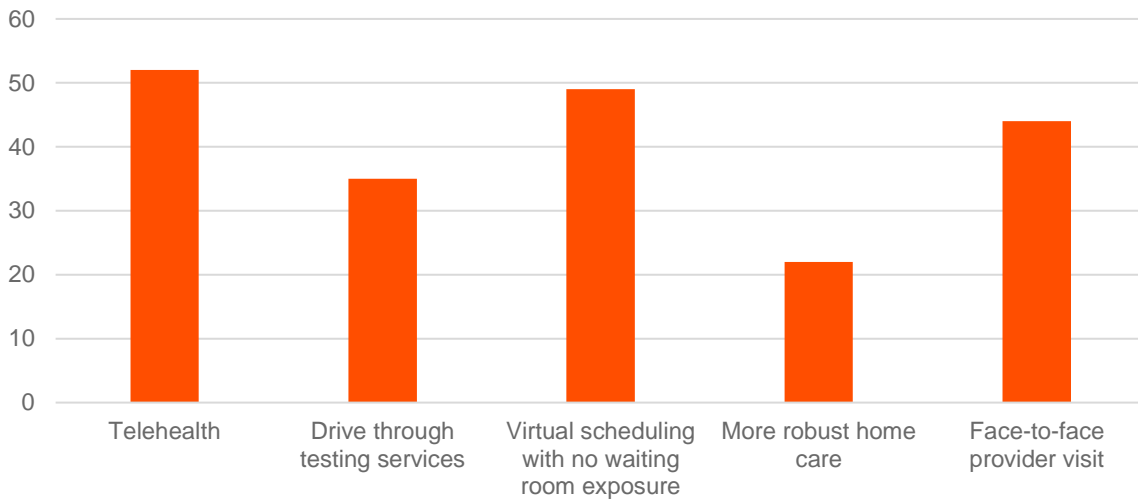
Question #6 (N=68)



- Not surprisingly, participating patients and families surveyed are most concerned about catching the COVID-19 virus when seeking health care.

Question #7 (N=68)

What services would you like to see continued once this crisis abates?



- Telehealth and virtual scheduling with no waiting room exposure are services patients and families surveyed would like to see continued along with tradition face-to-face provider visits.

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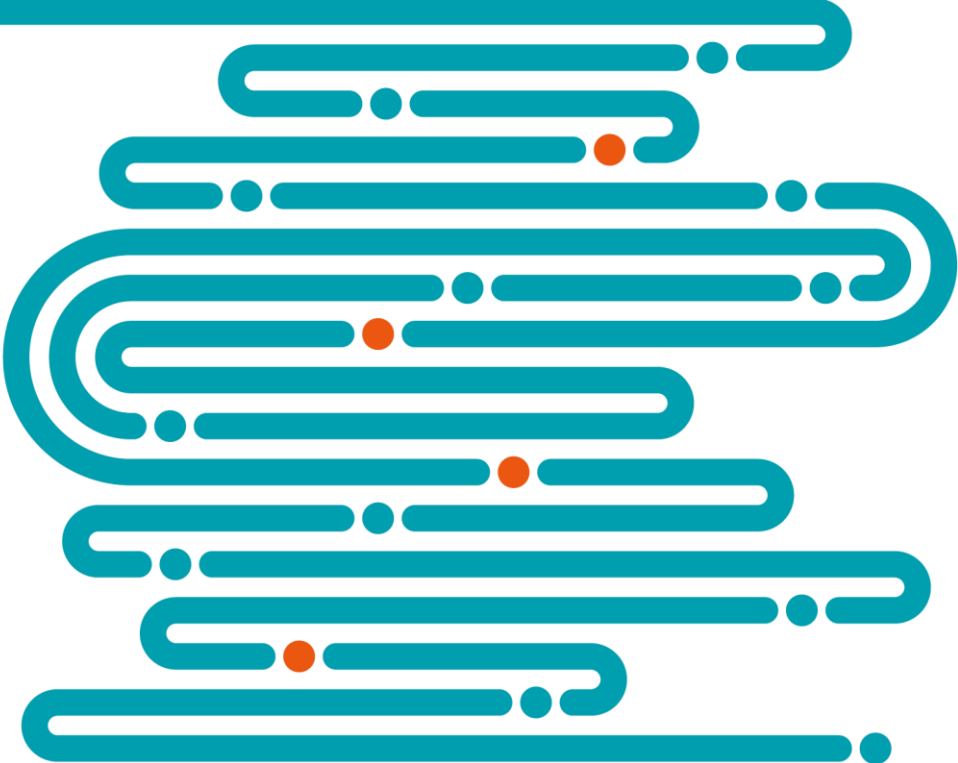
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