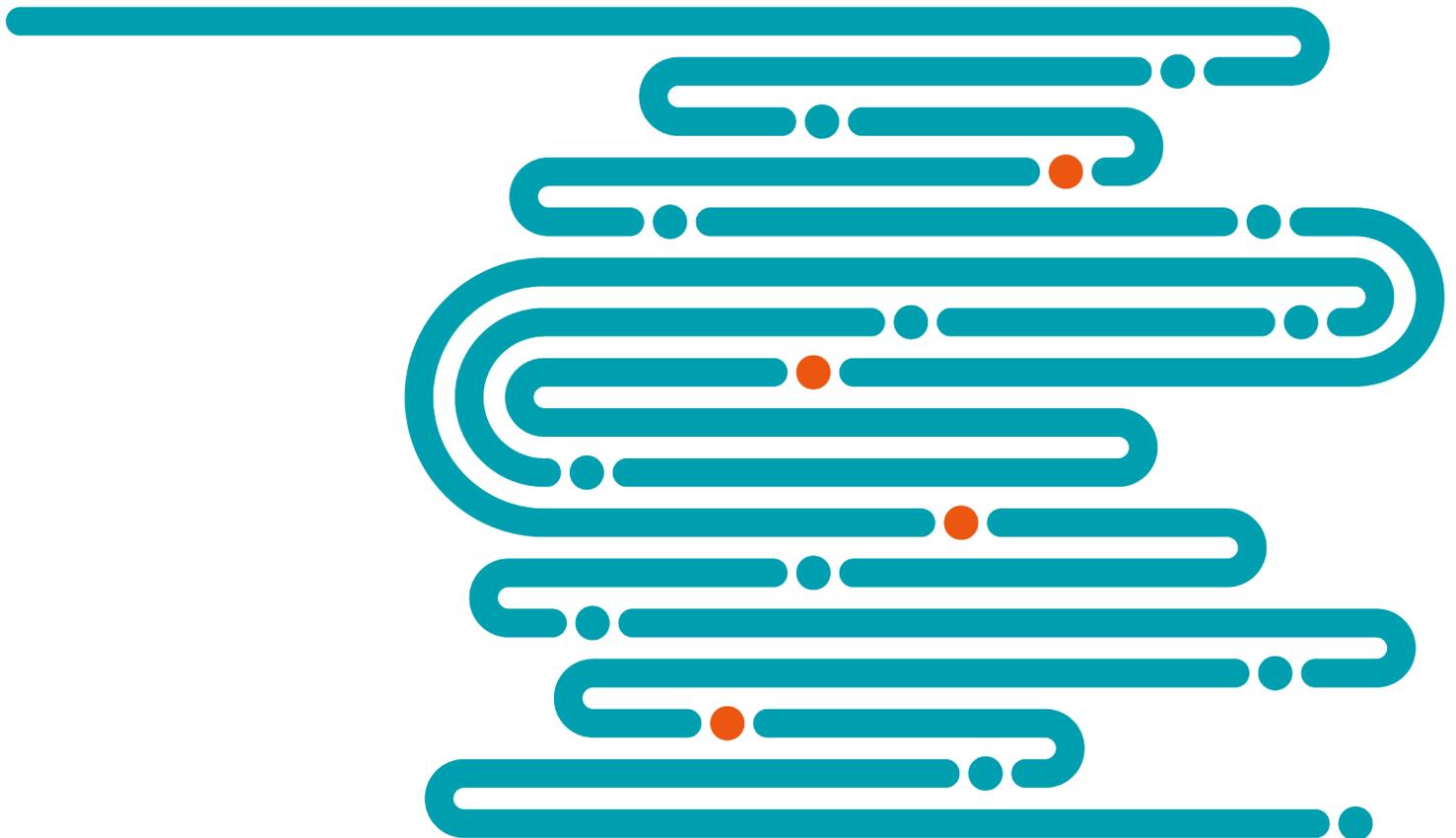


# Connecting With Patients During COVID-19: Perspectives on Safety

Updated September 2020



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## Introduction (updated Sept. 2020)

### Background

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 safety of health care services, specifically elective procedures, and how they will make decisions in the “new normal.”

This report summarizes our findings from a series of activities with patient and family advisors (PFAs) conducted in May, July and September. Vizient’s goal is to analyze how patient perceptions of the safety of health care services are evolving over time.

### Participants

PFAs are patients and family members who have received care at health care organizations 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.

Vizient invited PFAs from across the country to participate in a webinar and two surveys to provide their thoughts regarding health care delivery preferences in relation to the COVID-19 pandemic. The latest survey, conducted in September, had more than 120 PFA participants.

- Approximately three-fourths were female and one-fourth male
- Survey respondents were mostly younger in age with 60% under the age of 65
- A majority were from urban/suburban locations; only 12% were from small/rural areas

When asked “Is your state currently experiencing, or has it recently experienced, a resurgence of COVID-19?,” 60% said “yes” and 40% said “no.”

### Summary of key insights

Connecting with patients and families about their perceptions of the safety of health care services during the COVID-19 pandemic has taught us several things; 1) the biggest concern for patients and families seeking health care is getting COVID-19, 2) patients and families feel safest visiting their doctor’s office versus the ED, urgent care, and retail care settings, 3) telehealth is the preferred method of receiving care, but not from new providers – patients and families want their existing doctor to provide these services, and 4) in order for patients and families to feel safe receiving in-person preventive screenings (e.g., mammography, colonoscopy), they want to hear directly from their current doctor about it.

Perceptions of the safety of elective procedures has steadily improved since May. Most patients and families surveyed indicate they feel safe having an elective procedure now, even in states that are currently having or have experienced a resurgence of COVID-19. However, this has not necessarily translated to increased utilization of health care services. Thus making the [webinar discussion themes](#) found in May still relevant. Specifically, 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.

To see a return to elective health care services by patients, communicating data about COVID-19 as well as current safety protocols and practices is key. Health systems must continue to thoughtfully plan to deliver care safely while [considering how patient perspectives regarding their risk of exposure to COVID-19](#) versus the benefits of receiving care effects their decision making. Patients want to hear about the safety of health care

services and procedures directly from their existing doctor – not from hospital marketing, media sources or their friends/family – but directly, and personally, from their current doctor.

Patients feel safer going to their physician’s office versus the ED, which has been demonstrated in the utilization patterns of patients. PFAs surveyed indicate that they prefer virtual scheduling with no waiting room exposure along with traditional face-to-face provider visits. However, telehealth is the most preferred method of receiving care. A new learning from the September survey is that PFAs want telehealth and virtual care services, but not from new providers (e.g. MDLive). They want their existing doctor to provide these services.

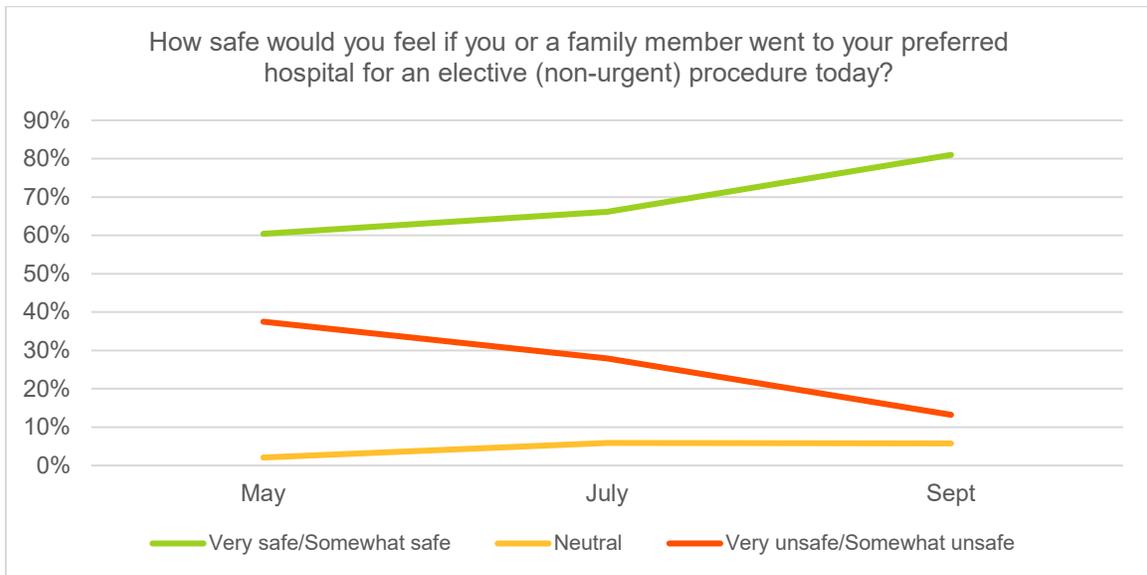
Integrating telehealth or virtual visits in order for patients to interact with their current doctor may create a competitive advantage and a loyalty for providers that lasts far beyond the COVID-19 pandemic. Additionally, services that keep patients connected with their doctor and minimize exposure to COVID-19, such as remote patient monitoring, may create a short-term improvement in utilization of elective procedures and surgeries.

It is imperative to leverage the voices of patients and families when planning and communicating the safety of health care service delivery. Engaging PFAs/PFACs is one way providers can effectively integrate patient and family feedback into strategic planning. Vizient has learned, by connecting with patients during the COVID-19 pandemic, that open, honest and frequent communication builds trust with patients and families, and honoring the relationship between a patient and their doctor may accelerate the utilization of elective health care services.

## Polling questions with updated results (updated Sept. 2020)

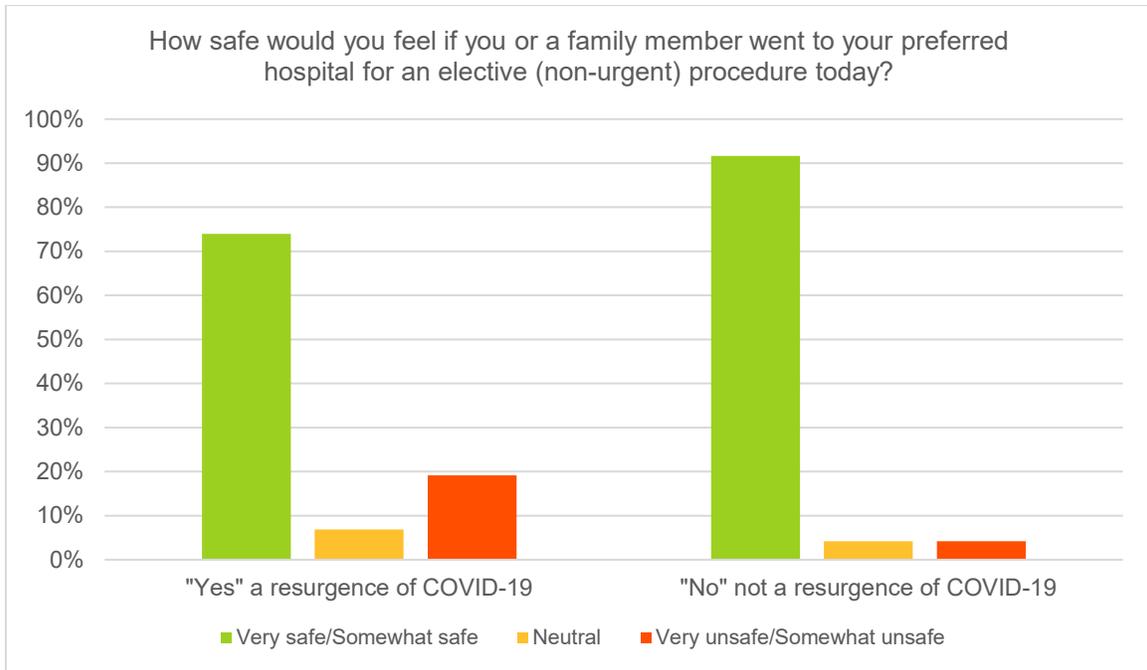
### Question #1

(May webinar, N=48; July survey, N=68; September survey, N=121)

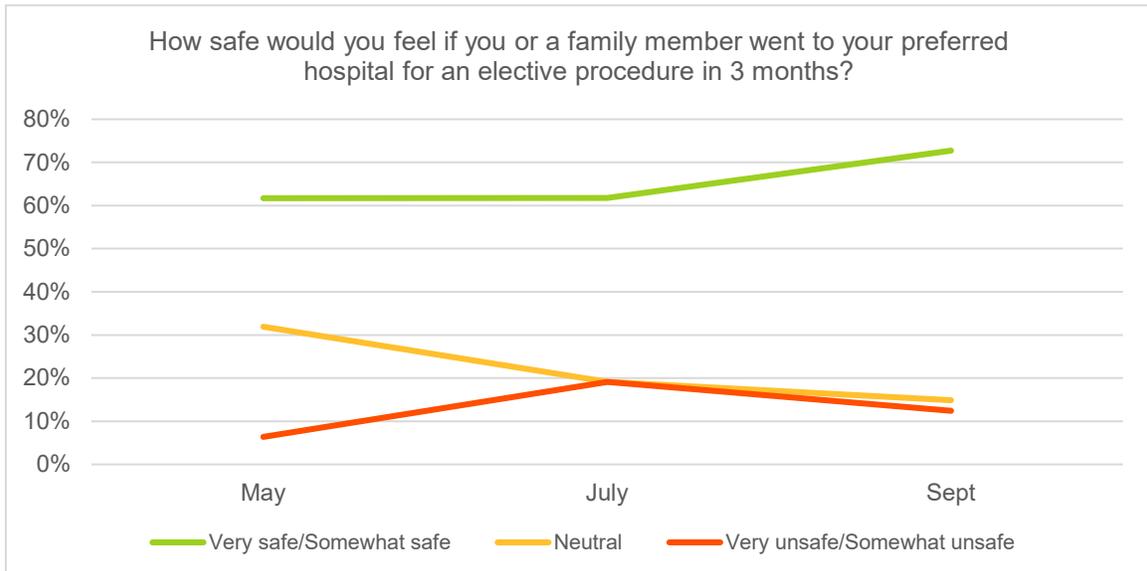


Patients and families who feel very safe or somewhat safe to undergo an elective procedure has grown significantly since May, up to 81% in September. Nineteen percent of respondents indicated that they felt very unsafe, somewhat unsafe, or neutral on the subject.

When asked how safe they feel having an elective procedure today, nearly 75% of patients and families from states that are currently having or have experienced a resurgence of COVID-19 indicated that they feel very safe or somewhat safe to have an elective procedure today (as shown in the table below).

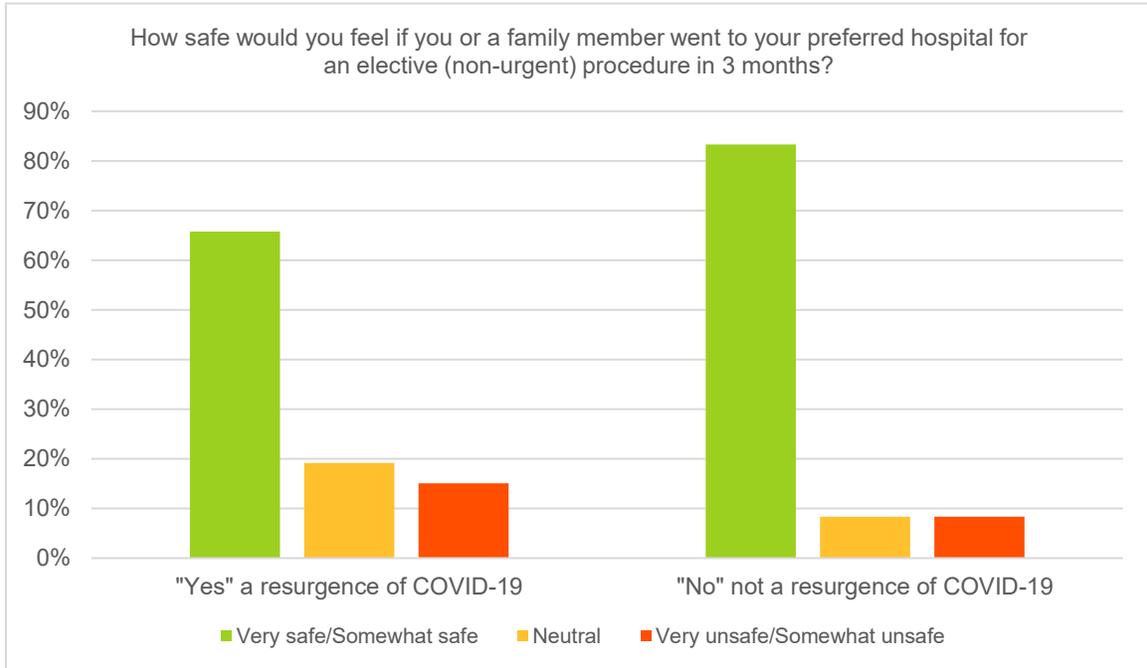


**Question #2**  
 (May webinar, N=47; July survey, N=68; September survey, N=121)



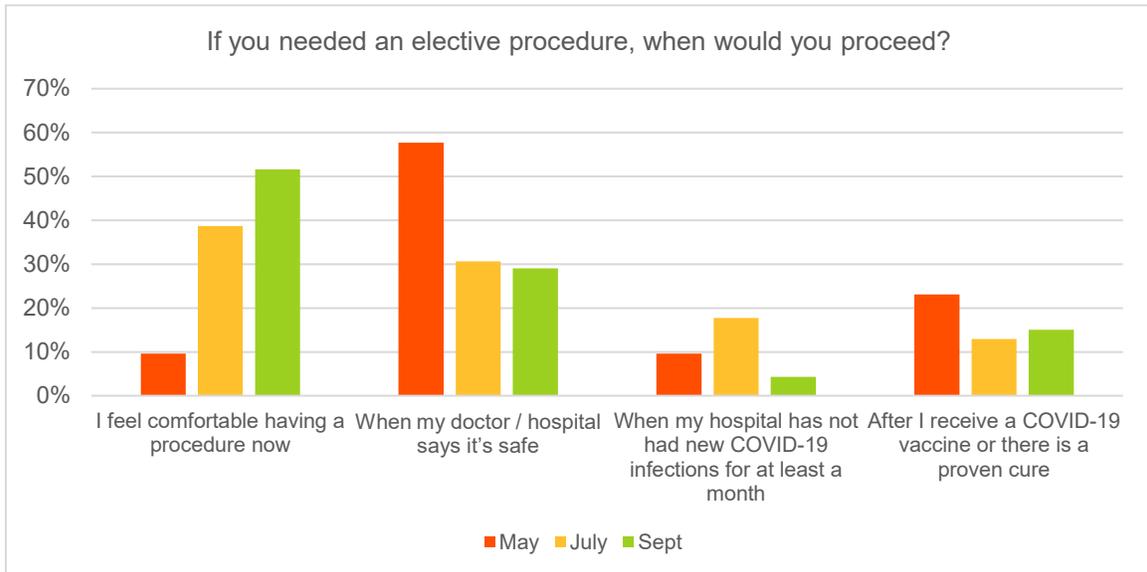
When thinking about having an elective procedure three months from now, 73% of patients and families feel very safe or somewhat safe; still a large majority. Interestingly, the number of patients and families feeling either very unsafe, somewhat unsafe, or neutral totals 27%, more than those who felt very unsafe, somewhat unsafe and neutral about having an elective procedure today in question one. This may convey the feeling from patients that the future continues to be uncertain and much is still unknown about outbreaks of COVID-19 and how they affect the safety of health care delivery.

When asked how safe they feel having an elective procedure in three months, the patients and families from states that are currently having or have experienced a resurgence of COVID-19 indicated that they feel less safe than those not experiencing a resurgence of the virus (as shown in the table below).



**Question #3**

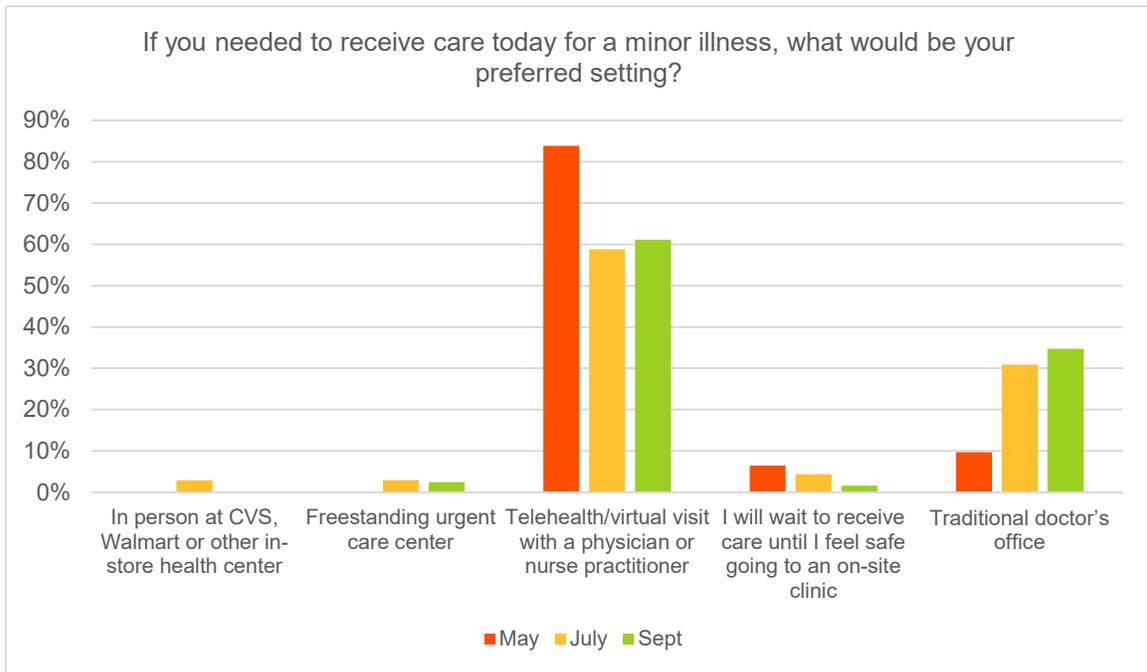
(May webinar, N=44; July survey, N=68; September survey, N=121)



Surprisingly, 52% of patients and families indicated that they feel comfortable having a procedure now. Nearly 30% would proceed with an elective procedure when their doctor or hospital says it's safe. Interestingly, the number of patients and families noting that they will wait until their hospital has not had a new COVID-19 infection for at least a month decreased significantly, from a high of 18% in July to 4% in Sept. This may signify an understanding that COVID-19 is not going away anytime soon.

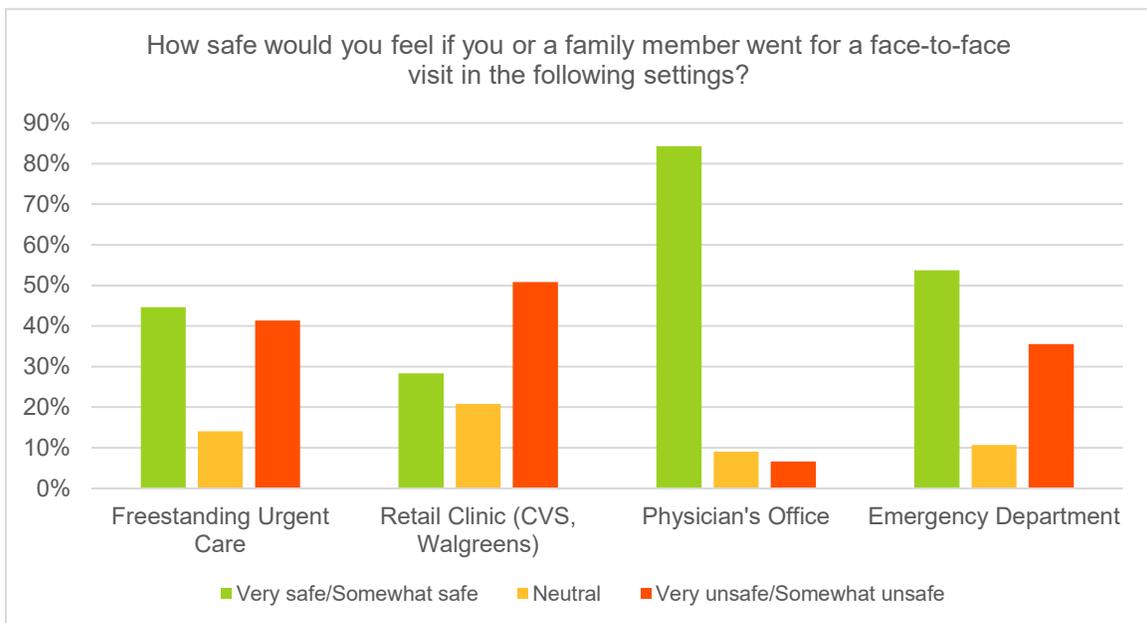
**Question #4**

(May webinar, N=31, July survey, N=68; September survey, N=121)



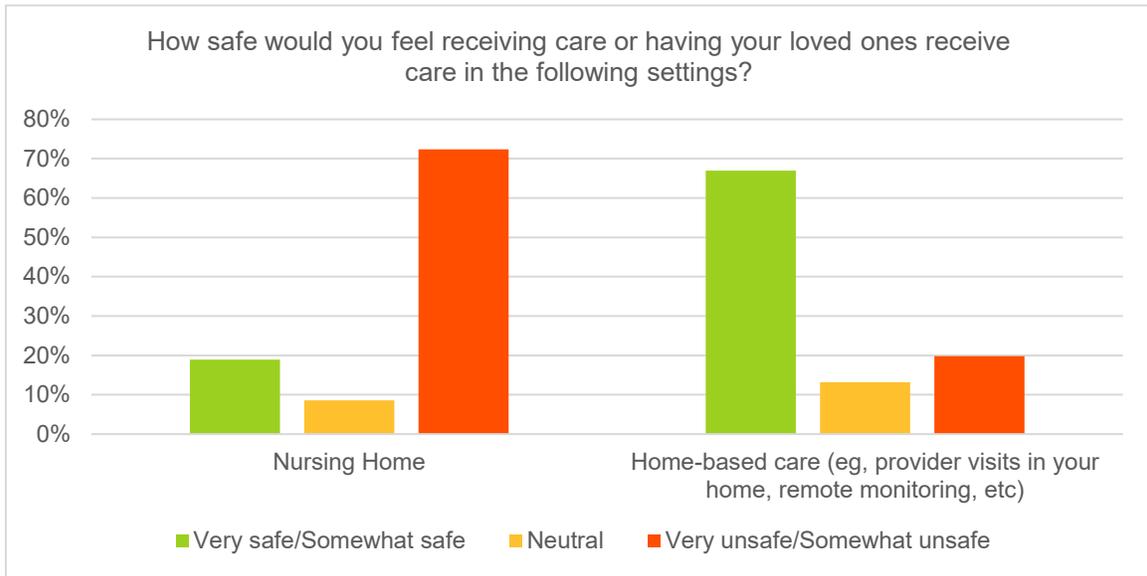
Telehealth remains the preferred setting from which patients and families surveyed would like to receive care for minor illnesses, followed by traditional doctor's office visits. Integrating telehealth, virtual visits and remote patient monitoring pre- and post-procedure may need more consideration and could be a differentiator for providers.

**Question #5 (July survey, N=68; September survey, N=121)**



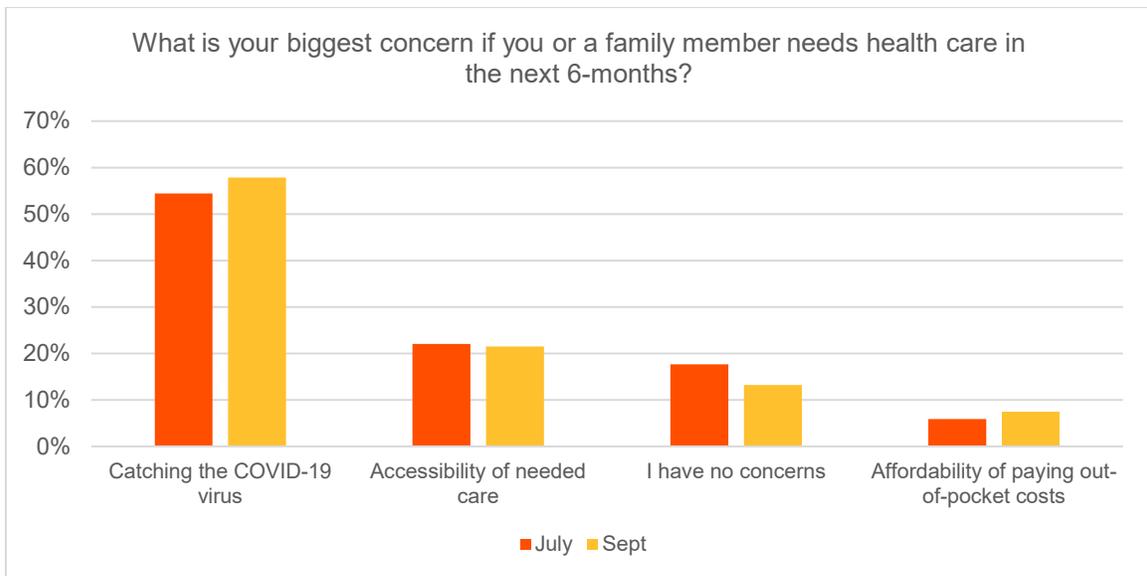
Patients feel safer going to their primary care physician's office more than any other setting, followed by EDs then freestanding urgent care centers. More than 50% of patient and family survey respondents indicated retail clinics are very unsafe or somewhat unsafe.

**Sub-Question #5 (September survey, N=121)**



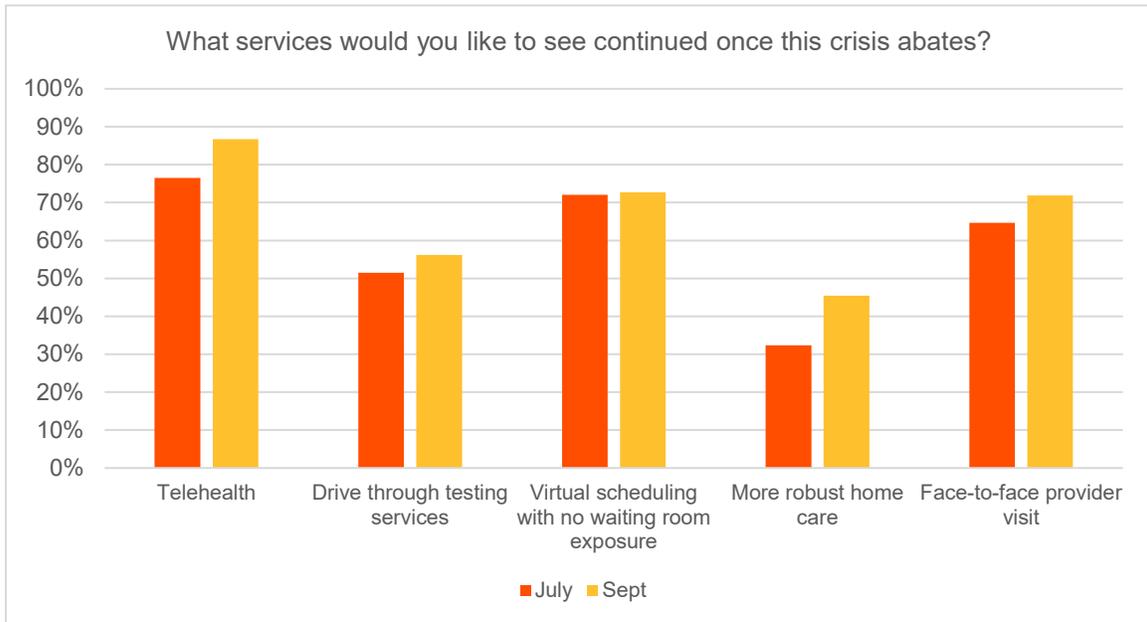
Patients and families surveyed in September indicate that home-based care is a safe setting to receive care, however, nursing homes are not. Clearly, the effect COVID-19 has on nursing homes has taken its toll on the already low perception of safety at nursing homes.

**Question #6 (July survey, N=68; September survey, N=121)**



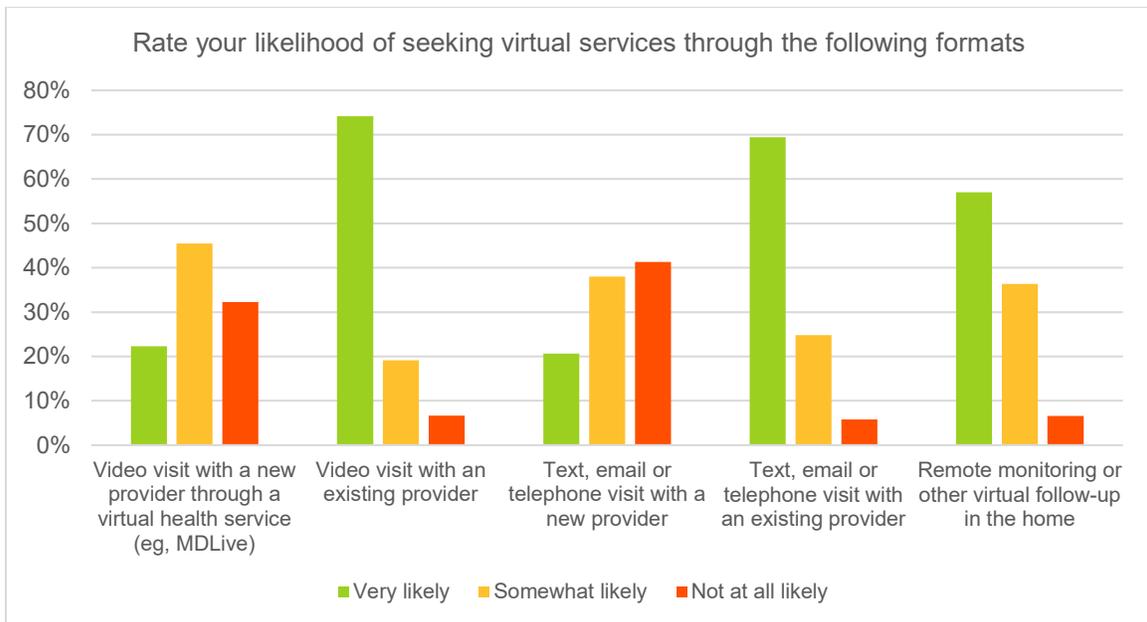
Not surprisingly, participating patients and families are most concerned about catching the COVID-19 virus when seeking health care.

**Question #7 (July survey, N=68; September survey, N=121)**



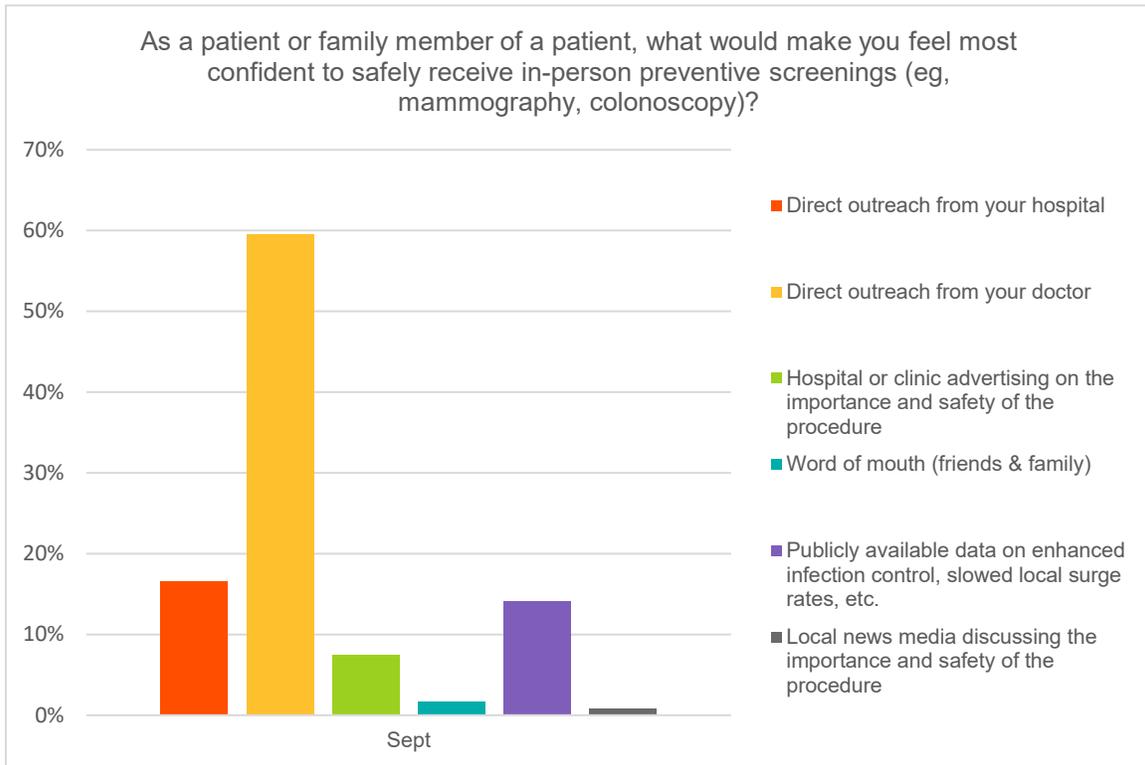
Once again, telehealth is a preferred service by patients and families surveyed. Virtual scheduling with no waiting room exposure along with traditional face-to-face provider visits continue to be the type of services patients and families surveyed would like to see continued.

**Question #8 (September survey, N=121)**



Video visits and text, email or telephone visits with an existing provider are the most preferred method of receiving virtual care, 74% and 69% respectively. This is a new learning from the September survey of PFAs. They want telehealth and virtual care services, but not from new providers (e.g. MDLive). They want their existing doctor to provide these services.

### Question #9 (September survey, N=121)



Clearly, patients would feel most confident to safely receive in-person preventive screenings because of direct outreach from their doctor.

## Webinar discussion

### Background

On May 1, 2020, more than 40 PFAs joined a webinar hosted by Vizient and Sg2 to give feedback regarding their perceptions of restarting elective procedures during the COVID-19 pandemic. A dozen PFAs volunteered to be part of a panel discussion while the remainder provided feedback via polling questions. We would like to thank all of the PFAs who joined the webinar, including the following panelists.

- 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.

## Discussion themes

### "Why now, what has 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 channels (social media, local news, etc.). There are too many unknowns, and patients and families are not sure how confident hospitals are regarding COVID-19. 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(s) understand what will happen. They want their family caregiver(s) with them throughout 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 personal risks and benefits of a given procedure; they don’t want to be generalized – 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 risks during an elective procedure. What kind of testing is being done and for whom? When? What is the turnaround time for test results 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-19 status of staff and patients, and what data they could provide.”

- Facility 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(s), be located near patients with Coronavirus are being treated?

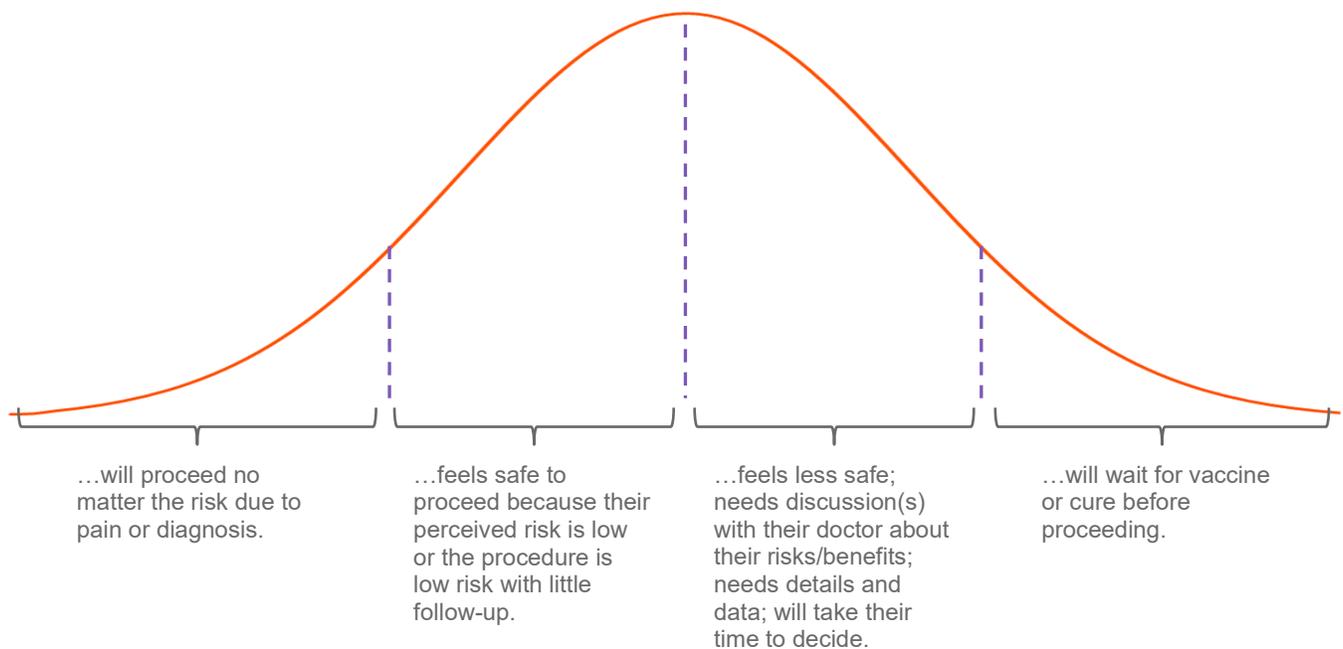
“....the first thing I thought about was how nervous I would be to step into the elevator as another patient coughs into the air....that’s something that the hospitals can’t control....”

## Key takeaways

Health systems may be overestimating how quickly or easily patients will move forward with elective procedures, and they 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 (i.e. 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 doctors about their risks and benefits. They will need details and data. They will take their time to decide. Discussions and data won’t help the last group of patients to move forward with elective procedures. These patients 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**



## Contributors

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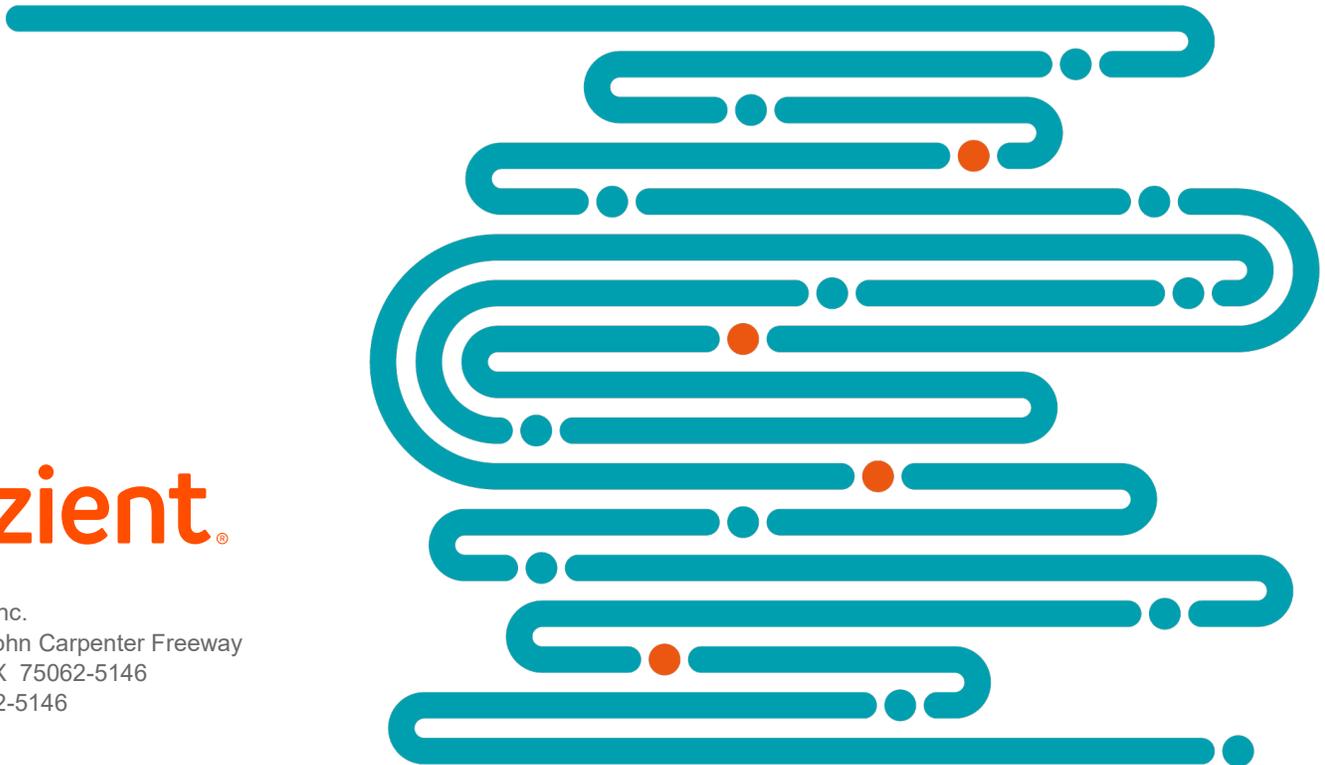
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