vizient®

Connecting with patients during COVID-19: perspectives on safety

Updated February 2021

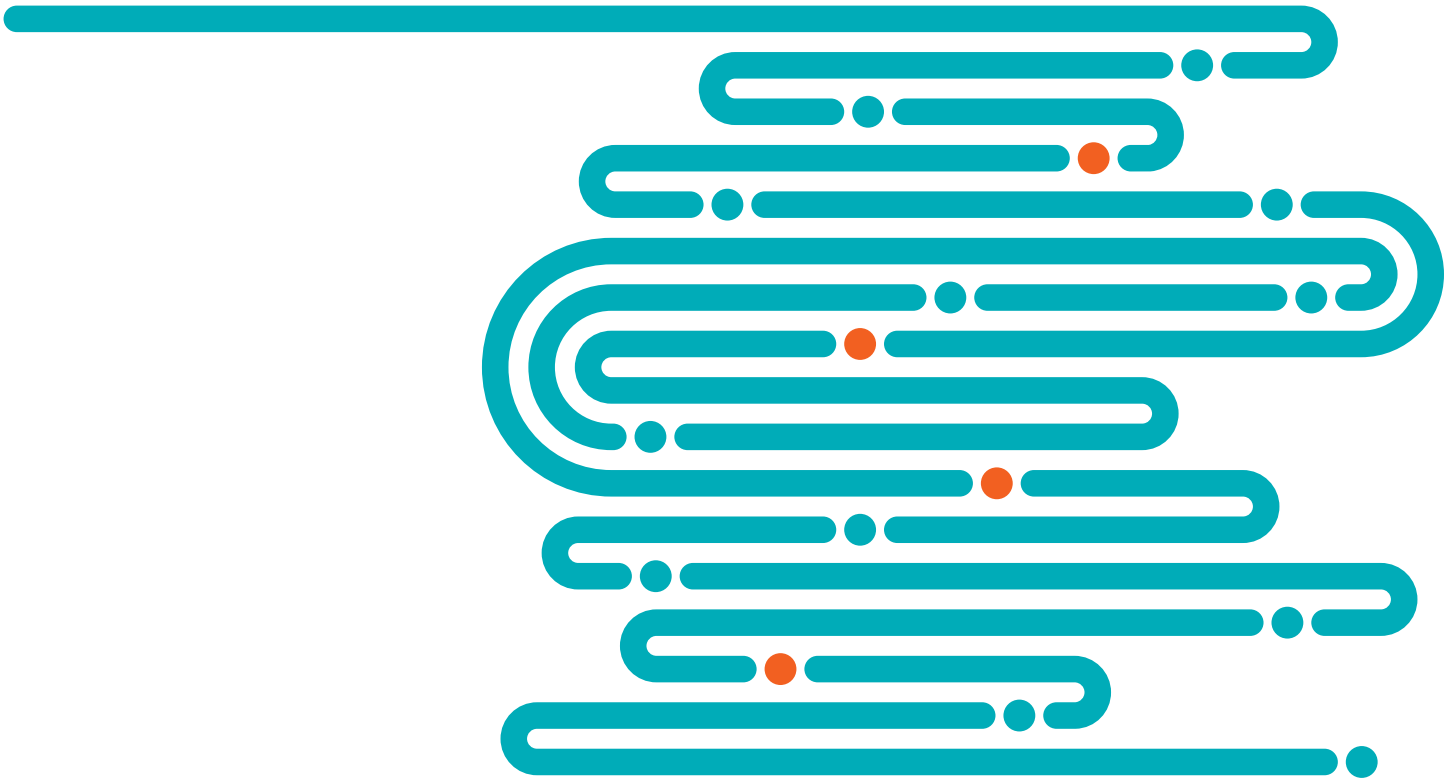


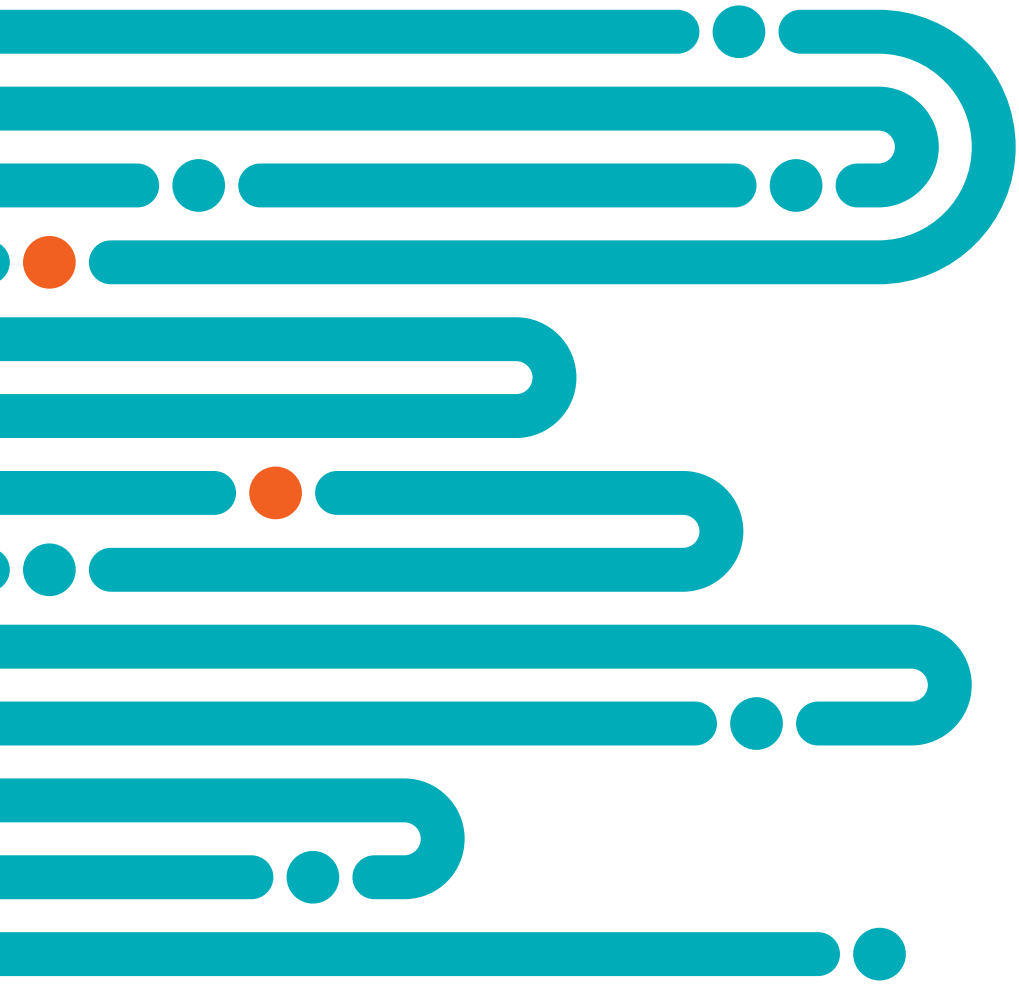
Table of contents

Introduction....3
- Background....3
- Participants....3
- Key insights....3

Survey and focus group findings....4

Focus group discussions....9
- Background....9
- December and January focus group discussion themes....9
- May focus group discussion themes....12

Contributors....14



Introduction

Background

Vizient® and Sg2® connected with patients and family caregivers from May 2020 through January 2021 to discuss their thoughts about safely accessing care and their health care delivery preferences during the COVID-19 pandemic. This report summarizes our findings from a series of activities, including discussions with patient and family advisors (PFAs) from our member health care organizations. Activities included a May focus group discussion; pulse surveys conducted in July, September and December; and four focus group discussions held in December and January.

Participants

Vizient invited PFAs from members across the country to participate in activities including focus group discussions and pulse surveys to provide their thoughts regarding health care delivery preferences during the COVID-19 pandemic. PFAs are patients and family members who have received care at health care organizations and 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 Vizient member survey conducted in 2019 showed that 82% of the 120 members surveyed had PFACs, much higher than other surveys which showed that 62% of hospitals have such councils.

Additionally, Vizient invited Smart Patients members to respond to the December pulse survey. Smart Patients is an online community for patients and families affected by a variety of illnesses; there, they can learn about scientific developments related to their condition and share questions and concerns with other community members. Smart Patients members made up 53% of the December survey respondents. Demographic characteristics of all of the survey respondents are outlined in Table 1.

Key insights

The December survey and focus group discussions revealed a number of new findings about patients' health care delivery preferences during the pandemic. Survey questions and responses are shown in the survey and focus group findings section, while the focus group discussions section examines PFAs' opinions about the safety of continuing elective procedures, the COVID-9 vaccines and the future of the U.S. health care system.

Patients and families surveyed feel less safe accessing care now than in the previous nine months, with their primary concern of getting the COVID-19 virus driving their health care decisions. This is particularly true for older respondents.

Table 1. Pulse survey respondent demographics

	May	July	September	December[a]
Gender				
Male	28.6%	26.5%	26.4%	22.7%
Female	71.4%	73.5%	73.6%	76.8%
Nonbinary or prefer not to answer	0.0%	0.0%	0.0%	0.5%
Location				
Small/rural	9%	18%	12%	21%
Urban	34%	34%	39%	20%
Suburban	57%	49%	49%	60%
Age				
18-44	21%	12%	15%	11%
45-64	50%	41%	40%	36%
65-69	19%	16%	19%	22%
70-74	7%	21%	12%	20%

[a] When asked "Is your state currently experiencing, or has it recently experienced, a resurgence of COVID-19?," 95% said "yes" in response to the December survey compared to 60% for the September survey.

Across all demographic characteristics identified (age, gender and location), patients feel safest going to their primary care physician's office for face-to-face visits, for COVID-19 testing and to receive the COVID-19 vaccine. Additionally, patients feel most confident about safely receiving in-person preventive screenings because of direct outreach from their doctor.

When seeking care for minor illnesses, telehealth remains the preferred setting, followed by a traditional doctor's office. Video visits and text, email or telephone visits with an existing provider are by far the most preferred method of receiving virtual care. Those in the 75+ age group are the most likely to prefer face-to-face visits (71%); however, the majority indicate they want telehealth to continue as well (66%).

The vast majority of patients and families surveyed indicate they will get vaccinated (87%), with older respondents much more likely to get the vaccine than younger respondents. Fifty-six percent of patients and families who indicate they will get vaccinated will do so as soon as the vaccine is available to them, with males more likely than females to get the vaccine as soon as possible. Those over the age of 45 are also more likely to get the vaccine as soon as it's available compared with those who are under 45.

Despite the high number of patients indicating they will get vaccinated, many concerns exist, including a general mistrust of the process used to create the vaccine and personal health risk concerns, such as past reactions to vaccines or feeling that there hasn't been enough research on vaccine effectiveness in those with specific health conditions.

Connecting with patients and families about safely accessing health care services during the COVID-19 pandemic has taught us the following:

- Processes and settings that limit the risk of exposure to COVID-19 are extremely important
- Personal risk analysis drives patient decision-making
- Technology that meets patient needs should continue to be used and improved upon
- Communication and relationships matter

The biggest concern for patients and families accessing health care is getting COVID-19; therefore, using processes and settings that limit their exposure to the virus are extremely important. Continuing the use of infection prevention protocols and physical distancing measures are key to improving the utilization of health care services. As with all safety measures, health care facilities must continually evaluate processes implemented since the pandemic started. Specifically, patients and families indicate that restricting the presence of family and caregivers is a major barrier to accessing care and should be re-examined, especially for specific patient populations and care settings.

Patients seek settings that limit their exposure to COVID-19; the emergency department, freestanding urgent care and retail clinic settings are not considered safe settings in which to receive care by more than 50% of patients and families surveyed. Fifty percent of patients and families surveyed indicate that home-based care is a safe setting to receive care, with those under 45 years old viewing it more favorably than the other age brackets. Nursing homes continue to be viewed as unsafe by 82% of respondents, with nearly 60% indicating they feel nursing homes are very unsafe.

Personal risk analysis drives patients' decision-making, whether they are considering elective procedures or vaccinations. A "one-size-fits-all" approach will not work during these uncertain times. 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 and families.

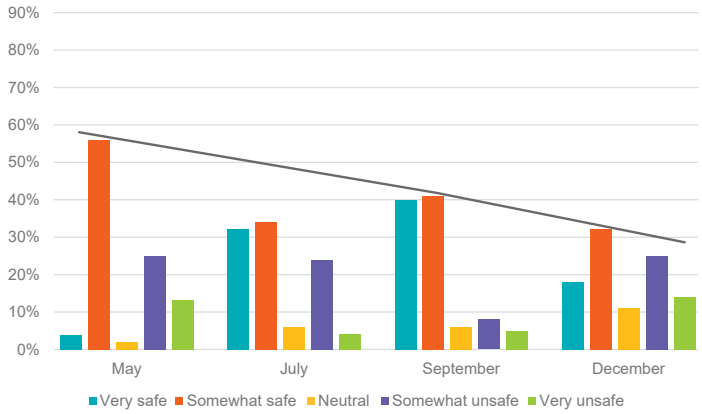
Technology that meets patient needs should continue to be used and improved upon. Telehealth is the preferred method of receiving care; however, patients want their existing providers to offer telehealth as part of routine, follow-up and chronic care management. Telehealth does not meet the needs of every patient or situation, and should be looked at to determine where it would be most beneficial. Additionally, patient portals and other technologies that virtually connect families, caregivers and patients to providers in more meaningful ways should be explored.

By listening to patients and families, Vizient has learned that communication and relationships matter to patients, and open, honest and frequent communication builds trust. It is imperative to leverage their voices when planning for and communicating information about the safe delivery of health care services. PFAs have many concerns regarding the future of health care delivery, and engaging PFAs/PFACs is one way providers can effectively integrate patient and family feedback into strategic planning. Health care systems that support patient education, empowerment and engagement can create meaningful relationships that matter to those they serve.

Survey and focus group findings

A short series of polling questions were posed to patients and family caregivers during the May focus group discussion, while online pulse surveys were conducted in July, September and December. Responses from these activities are shown below.

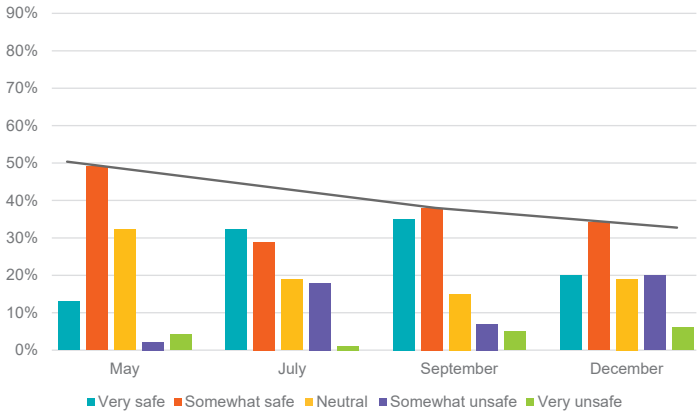
Question 1. How safe would you feel if you or a family member went to your preferred hospital for an elective (nonurgent) procedure today?[a]



[a] May, N = 48; July, N = 68; September, N = 121; December, N = 603.

The number of patients and families who feel very safe or somewhat safe about undergoing an elective procedure declined sharply to 50% in December, its lowest point since May. Thirty-nine percent of respondents indicated that they felt very unsafe or somewhat unsafe, a stark increase and the highest point since May. Groups that feel the safest include those in the 18-44 age bracket (56%) and survey respondents that identified as PFAs (58%).

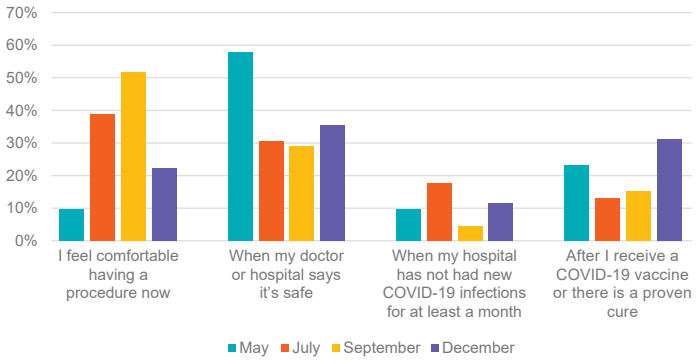
Question 2. How safe would you feel if you or a family member went to your preferred hospital for an elective procedure in three months?[a]



[a] May, N = 47; July, N = 68; September, N = 121; December, N = 603.

A similar pattern emerges among respondents who are thinking about having an elective procedure three months from now: A notable decline is seen in patients and families indicating that they feel very safe or somewhat safe. Interestingly, the number of patients and families feeling either very unsafe, somewhat unsafe or neutral totals 46%, slightly less than the 50% who feel very unsafe, somewhat unsafe and neutral about having an elective procedure performed today (see question 1). This may mean that patients continue to be uncertain about the future even though the vaccine is beginning to be distributed. Groups that feel the safest include those in the 18-44 age bracket (64%), males (61%) and survey respondents that identified as PFAs (62%).

Question 3. If you needed an elective procedure, when would you proceed?[a]

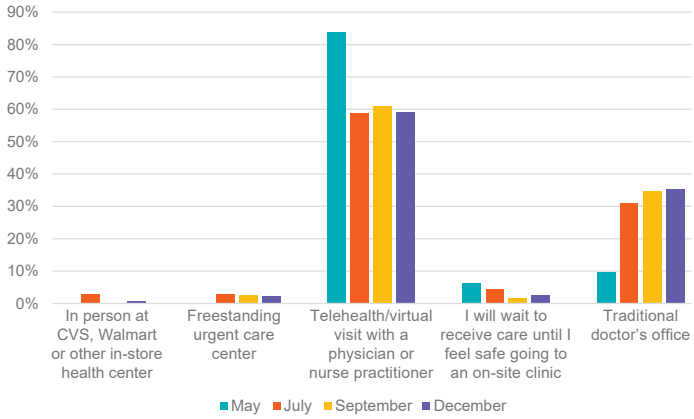


[a] May, N = 44; July, N = 68; September, N = 121; December, N = 603.

Not surprisingly, the number of patients and families indicating that they feel comfortable having an elective procedure now declined by 30% since September, while the percentage of respondents indicating they will wait until after they receive a COVID-19 vaccine doubled. Thirty-six percent would proceed with an elective procedure when their doctor or hospital says it's safe, consistent with July and September. 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 is about the same as it was in May (11% and 10%, respectively).

The urban population feels the least safe in getting a procedure now (10%). However, they would feel the safest (31%) after they receive the vaccine compared to the rural/small (19%) and suburban (25%) populations.

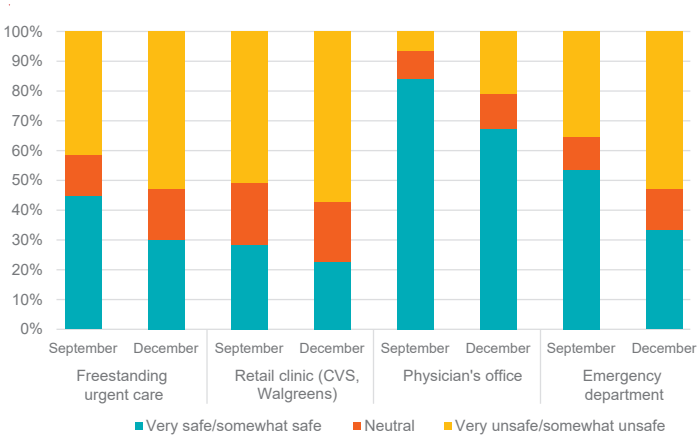
Question 4. If you needed to receive care today for a minor illness, what would be your preferred setting?[a]



[a] May, N = 31; July, N = 68; September, N = 121; December, N = 603.

Telehealth remains the preferred setting in which patients and families surveyed would like to receive care for minor illnesses, followed by traditional doctor's office visits. Those in the 75+ age group are more likely to prefer the traditional doctor's office (45%) than the other age groups, and the urban community is the least likely to prefer this traditional setting (24%).

Question 5. How safe would you feel if you or a family member went for a face-to-face visit in the following settings?[a]

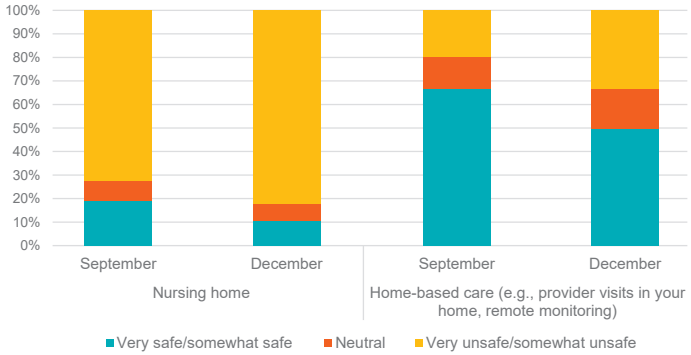


[a] September, N = 121; December, N = 603.

Patients feel safest going to their primary care physician's office, a finding that's consistent across all demographic breakouts. For sites at which respondents felt unsafe, we asked what would make them feel safer. An analysis of the written comments from the survey respondents revealed the following themes:

- Limiting exposure to the virus (e.g., physical distancing, wearing masks, cleanliness, enforcing policies), 46%
- Widespread use of vaccines, 26%
- Communicating safety protocols and guidelines, 12%
- Nothing, 11%
- Other (e.g., prefer more familiar settings and providers), 5%

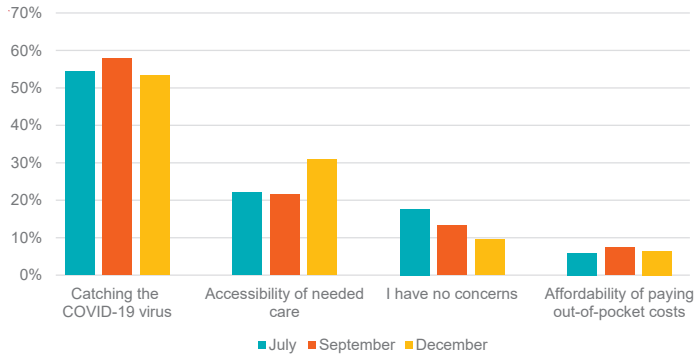
Sub-question 5. How safe would you feel receiving care or having your loved ones receive care in the following settings?[a]



[a] September, N = 121; December, N = 603.

Fifty percent of patients and families surveyed indicate that home-based care is a safe setting in which to receive care, with those under 45 years old viewing it more favorably than the other age brackets. Nursing homes continue to be viewed as unsafe by 82% of respondents, with nearly 60% indicating nursing homes are very unsafe. Only 10% of respondents feel nursing homes are safe; the older the respondent, the less favorably they view them.

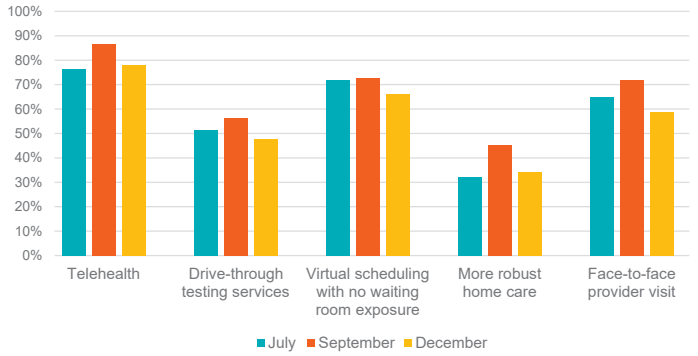
Question 6. What is your biggest concern if you or a family member needs health care in the next six months?[a]



[a] July, N = 68; September, N = 121; December, N = 603.

Participating patients' and families' primary concern of getting the COVID-19 virus drives their health care decisions, with older respondents more likely to be concerned than younger groups. Health care providers should implement practices that lower their patients' risk of exposure to COVID-19 (e.g., provide telehealth options, use virtual check-in, or limit or eliminate waiting rooms).

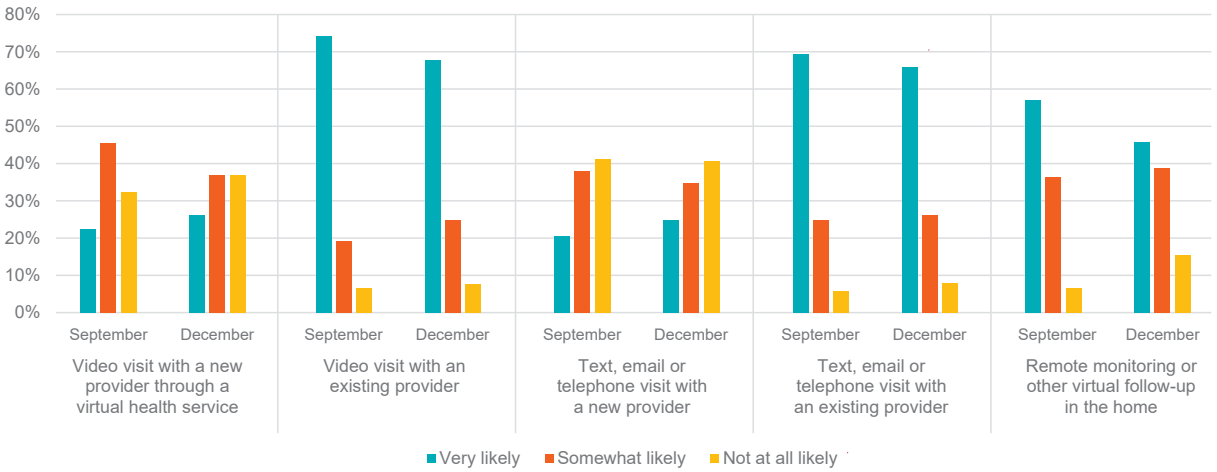
Question 7. What services would you like to see continued once this crisis abates?[a]



[a] July, N = 68; September, N = 121; December, N = 603.

Once again, patients and families surveyed prefer telehealth. Virtual scheduling with no waiting room exposure along with traditional face-to-face provider visits continue to be the type of services they would like to see continued. Those in the 75+ age group are the most likely to want face-to-face visits (71%); however, the majority indicate they want telehealth to continue as well (66%). Urban and suburban communities are more likely to prefer telehealth, drive-through testing services, virtual scheduling and more robust home care than rural communities.

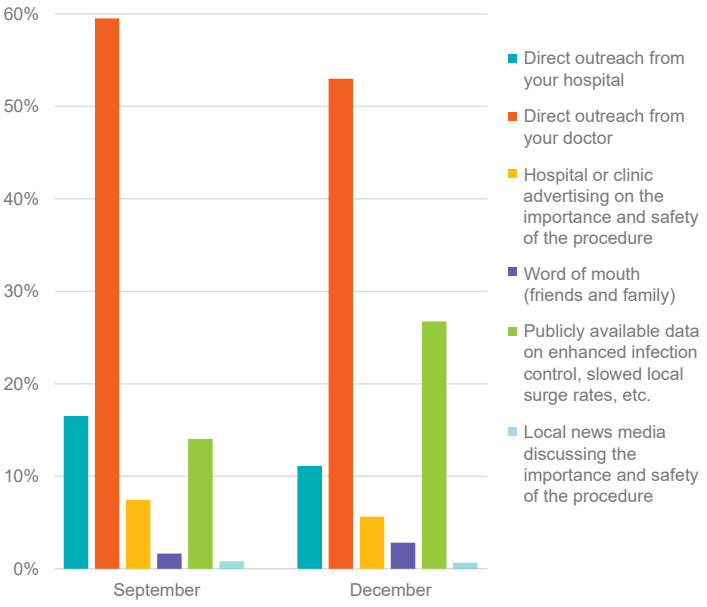
Question 8. Rate your likelihood of seeking virtual services through the following formats[a]



[a] September, N = 121; December, N = 603.

Video visits and text, email or telephone visits with an existing provider are by far the most preferred method of receiving virtual care. Patients and families surveyed want telehealth and virtual care services, but not necessarily from new providers; instead, they want their existing doctor to provide these services.

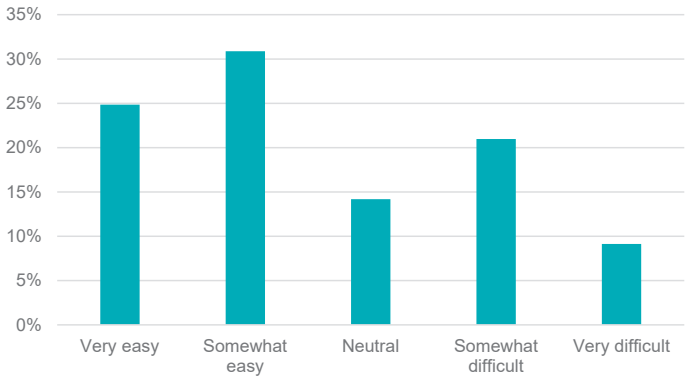
Question 9. As a patient or family member of a patient, what would make you feel most confident to safely receive in-person preventive screenings (e.g., mammography, colonoscopy)?[a]



[a] September, N = 121; December, N = 602.

As shown in the figure at bottom left, patients would feel most confident in safely receiving in-person preventive screenings because of direct outreach from their doctor.

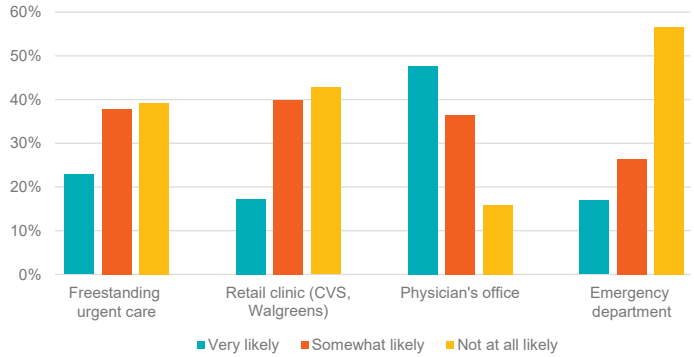
Question 10. Please rate the level of difficulty in accessing COVID-19 testing in your community[a]



[a] December, N = 515.

Fifty-six percent of patients and families surveyed indicate it is either very easy or somewhat easy to access COVID-19 testing compared to 30% who indicate it is either somewhat difficult or very difficult. Respondents in the 65-74 age group and those in rural or small communities seem to have more difficulty accessing COVID-19 testing than their counterparts. Patients and families surveyed include PFAs and patients who are active in Smart Patients, an online community, and thus may be more knowledgeable about how to access COVID-19 testing than the average health care consumer.

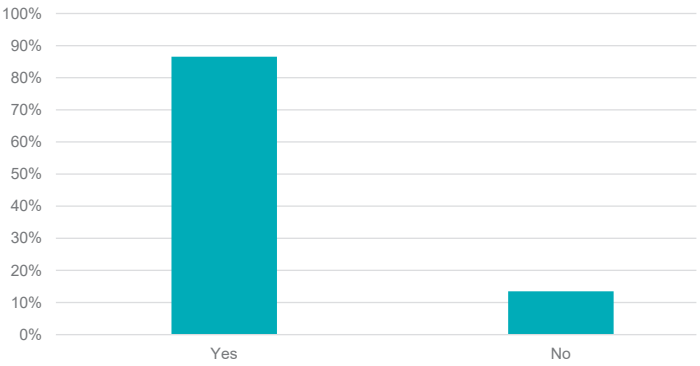
Question 11. Please indicate your likelihood of getting a COVID-19 test in the following settings[a]



[a] December, N = 603.

Patients and families surveyed indicate they are either very likely or somewhat likely to get a COVID-19 test in a physician's office (84%), followed by freestanding urgent care (61%), retail clinic (CVS, Walgreens) (57%) and the emergency department (43%). Respondents who are 65+ years of age and those who live in rural or small communities are the least likely to get tested at a retail clinic, while those who live in urban communities are least likely to get tested in an emergency department. It is evident that patients are seeking settings that limit their exposure to the COVID-19 virus.

Question 12. Once a vaccine is ready and available to you, will you get vaccinated?[a]



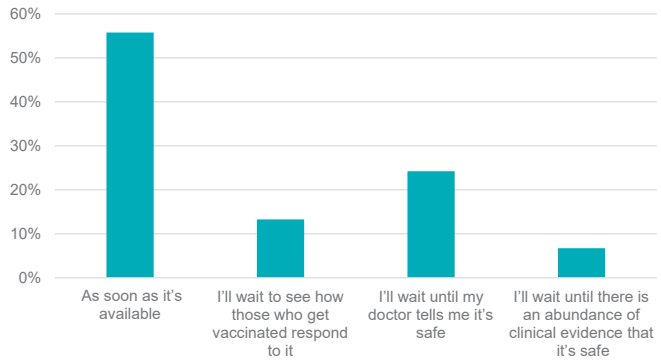
[a] December, N = 601.

The vast majority of patients and families surveyed indicate they will get vaccinated (87%), with older respondents much more likely to get the vaccine than younger respondents. Over 90% of those 65 or older (with 99% of those who are 75 or older) indicate they will get vaccinated. In the 45-64 age group, 81% indicate they will get vaccinated compared to 65% of those under 45.

Written comments from the survey respondents who indicate they will not get vaccinated revealed the following concerns:

- Too many unanswered questions or more information needed about the vaccine (e.g., long-term side effects or length of immunity), 31%
- General mistrust of the process to create the vaccine (e.g., rushed or experimental), 31%
- Personal health risk concerns (e.g., past reactions to vaccines or not enough research on effectiveness of vaccine with specific health conditions), 27%
- Other (e.g., conspiracy theories, personal choice or already had COVID), 11%

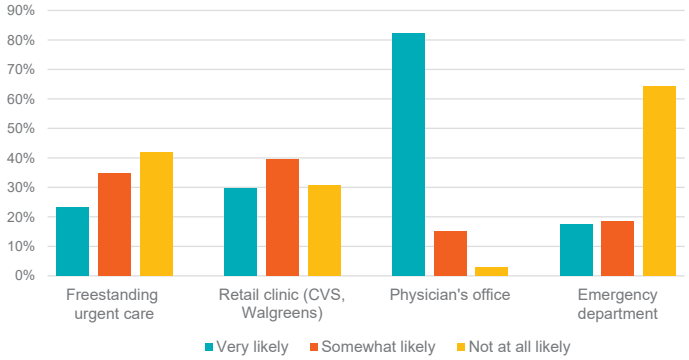
Question 13. How soon would you get vaccinated?[a]



[a] December, N = 520.

Fifty-six percent of patients and families indicate they will get vaccinated as soon as a vaccine is available to them, 24% will wait until their doctor tells them it's safe, 13% will wait to see how those who get vaccinated respond to it and 7% will wait until there is an abundance of clinical evidence that it's safe. Males are more likely than females to get the vaccine as soon as it's available. Those 45 and older are also more likely to get the vaccine as soon as it's available compared with those who are under the age of 45. Respondents in the 18-44 age group are much more likely to wait and see how those who get vaccinated respond to it than the other age brackets.

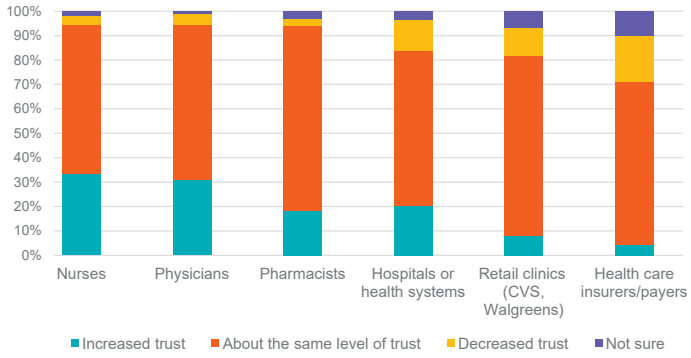
Question 14. Please indicate your likelihood of getting a COVID-19 vaccination in the following settings[a]



[a] December, N = 520.

Nearly all patients and families surveyed who indicate they will get vaccinated are either very likely or somewhat likely to get the vaccine in a physician's office (97%). Similar to the responses seen with question 11 (COVID-19 testing), respondents indicate they are not at all likely to get vaccinated in the emergency department (64%). Responses were mixed in terms of getting vaccinated in a freestanding urgent care or retail clinic setting, such as CVS or Walgreens. Patients seek settings that limit their exposure to COVID-19 and freestanding urgent care and retail clinics are not considered safe settings to receive care by more than 50% of patients and families surveyed (see question 5).

Question 15. How has the COVID-19 pandemic changed your trust in the following health care providers?[a]



[a] December, N = 599.

For the most part, the trust patients and families have in providers has remained about the same since before the pandemic. Notably, their trust in nurses and physicians increased the most, by 34% and 31%, respectively.

Focus group discussions

Background

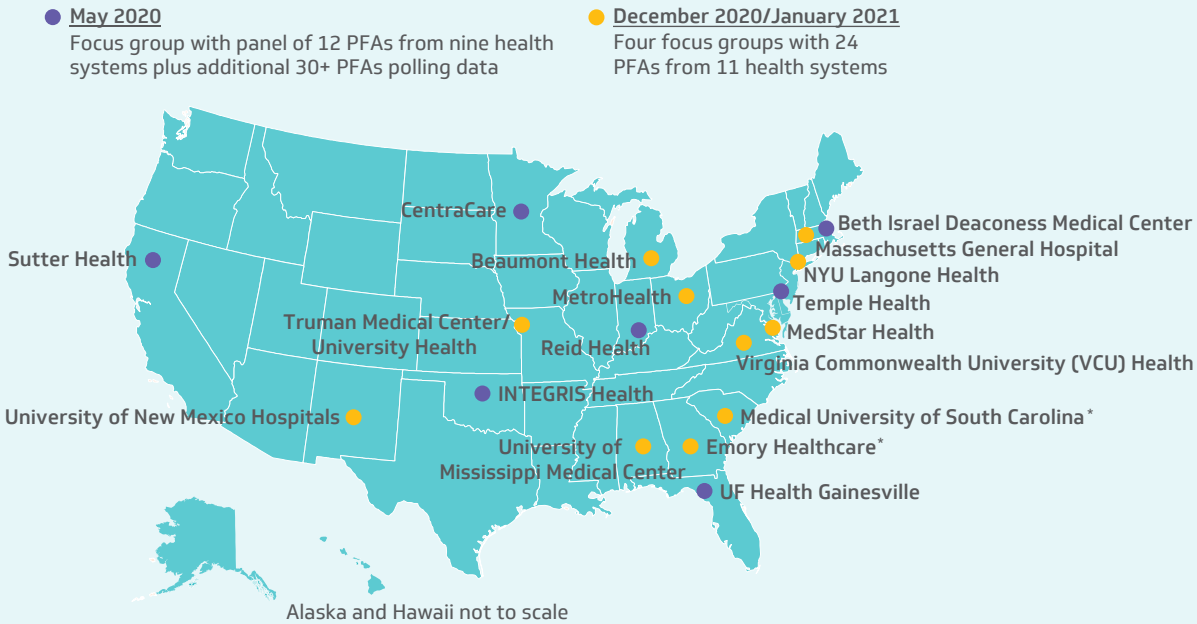
Vizient and Sg2 conducted five focus groups — one in May, two in December and two in January — with PFAs from its member health care organizations. More than 65 PFAs participated and provided feedback on a variety of issues, including their perceptions about the safety of continuing elective procedures and experiences accessing care during the pandemic, the COVID-19 vaccines and the future of the U.S. health care system. We would like to thank them and the more than 20 Vizient member organizations that support them. Participating organizations are shown in Figure 1.

December and January focus group discussion themes

On Dec. 15 and 17, and again on Jan. 6 and 7, Vizient gathered feedback from PFAs regarding:

- Their experiences accessing care during the pandemic
- Their views about the COVID-19 vaccines
- The future of the U.S. health care system

Figure 1. PFA focus group participants



*Participated in both activities
Abbreviation: PFA = patient and family advisor.

Twenty-four PFAs from 11 health systems participated, and provided both verbal and written feedback. The participating PFAs were diverse in terms of age, race and gender, although there were slightly more females than males. A summary of key insights from the PFAs regarding the focus group discussion topics is outlined below.

Experiences accessing care during the pandemic

PFAs were well-experienced in accessing care during the pandemic, on average accessing three different care settings as either patients, family members or patient caregivers (with a range of two to six different settings). Top settings accessed included the traditional doctor's office, telehealth/virtual health, and hospital inpatient and outpatient services. The discussion centered around what went well and should be continued, challenges and barriers to accessing care, and how COVID-19 may have changed how they selected providers.

Processes that limit the risk of exposure to COVID-19 are extremely important to patients. Like all safety measures, however, they must be continually evaluated.

- **Infection prevention protocols**. Wearing masks, ensuring levels of cleanliness that you can see and smell, having sanitizers readily available, and providing COVID-19 testing and screenings prior to medical procedures were noted.
- **Physical distancing**. Practices that restrict the number of people in waiting rooms (e.g., virtual check-in from your car) and limit the need to access multiple facilities (e.g., lab, radiology, pharmacy all-in-one site), as well as the use of telehealth for follow-up appointments, were discussed.
- **Family presence**. Restricting the presence of family and caregivers to stop the spread of the virus early in the pandemic was understandable. However, it was and continues to be a major barrier to accessing care for many patients. As one PFA noted, "You don't realize how much you rely on support people." PFAs feel that the time has come to revisit these restrictions now that we have confidence in our infection prevention measures. Patients need help and support from family members or caregivers to effectively access care, including disabled patients, elderly patients, and those with serious acute or chronic conditions. If the guidelines must remain strict, frequent and consistent communication with family caregivers regarding their loved one's status or progress has proven to be a big satisfier.

Technology that meets patient needs should continue and be improved upon.

- **Telehealth**. Patients want their existing providers to offer telehealth as part of routine, follow-up and chronic care management, although challenges exist with provider willingness and the ability to provide this service. Basic technologies that are widely available, such as email and text, need to be used more often. Additionally, telehealth does not meet the needs of all patients nor can it be used in all circumstances, especially for patients with disabilities, those who lack technology, those whose care requires a physical examination or for new patient appointments. Situations, circumstances and conditions in which telehealth provides a benefit merit future analysis.
- **Patient portals.** Patients want to ask questions and receive communications, view test results, and access and share medical records online. They find it challenging that no common platform exists.
- **Virtual connections**. Because hospital staff are overwhelmed, spend less time at the bedside and limit contact with patients to reduce transmission of the virus, the "human touch" has been removed from hospital care. At the same time, restrictions on family presence make it difficult, if not impossible, for families or caregivers to advocate for patients. Technology that virtually connects families or caregivers to hospitalized patients and their providers in more meaningful ways should be explored.

PFAs indicate that they did not change how they selected their providers because of COVID-19, but patients and their families limited the services they accessed to those that were most emergent.

COVID-19 vaccines

Personal risk analysis plays a big role in the decision to get vaccinated or not. If a person's perceived risk of contracting COVID-19 is high, he or she is much more likely to plan to get vaccinated despite the uncertainties or perceived risks with the vaccine. If the perceived risk of contracting COVID-19 is low (by limiting exposure or quarantining), people are more likely to contemplate whether to get vaccinated or not. Some PFAs indicated that they would rather keep limiting their exposure to COVID-19 than get vaccinated.

Although the majority of PFAs plan to get vaccinated, they have many concerns about the vaccine.

- **Proper handling**. Concerns about the complexity of the Pfizer vaccine (e.g., never-before-seen need for extremely cold storage) were discussed. The less complex Moderna vaccine was appealing to some who plan to seek it out.
- **Too many unknowns**. Unknowns including the length of immunity provided, long-term health impacts, interactions with other medications, effects on people with specific health conditions (including pregnant women) and concern for those under the age of 16 were expressed. Patients with specific health conditions will consult with their doctor about the vaccine, including if, when and which vaccine they should receive.

- **Fear and lack of trust**. Certain populations, including the Black and African American communities, have a real and reasonable fear of getting vaccinated and a general mistrust of the medical profession because of historical injustices they have experienced. Others fear not enough people will get vaccinated or follow up with the second shot. The timing of the vaccine was a concern for some (e.g., they felt that it was rushed or too new) and they will wait to see how others react to it.

Nearly all PFAs prefer to get vaccinated in a traditional doctor's office.

- **Trust and safety**. PFAs noted they want to go to their trusted provider to get vaccinated so they can have their personal concerns addressed (e.g., specific health conditions, possible reactions, best vaccine options available to them) and have any adverse reactions treated in a medical setting.
- **Exposure to COVID-19**. The doctor's office is preferred over a retail setting because of a lower risk of exposure to the virus. One PFA noted, "I have gotten the flu [vaccine] at the retail clinic but wouldn't do that with the COVID-19 vaccine because of the added risk of exposure."
- **Vaccine complexity**. PFAs have a number of concerns about the proper handling and storage of a highly unstable vaccine that needs to be stored in extreme cold. Therefore, settings that can handle these complexities are highly preferred, with PFAs noting they feel retail settings such as CVS or Walgreens are not equipped or qualified to handle them. PFAs called into question the cleanliness, safety practices, experience level of providers and wait times experienced in the retail setting.

Many PFAs express the desire for strong, centralized messaging about the vaccines.

- **Access to information**. People need access to the facts and data to make their own decisions, free from bias.
- **Health literacy**. Using simple terms with few bullet points, clear and consistent information is needed to educate Americans about the safety of vaccines.
- **Health equity**. PFAs noted concerns about the Black, African American and other minority communities that were disproportionately affected by COVID-19. Suggestions to effectively reach these communities with information about vaccine safety include explaining the importance of everyone getting vaccinated (herd immunity to stop the spread), demonstrating that everyone is getting the same vaccines, and including grassroots supporters or local or well-known celebrities from various generations to encourage broad support and acceptance of the vaccine.

Future of health care

In this part of the discussion, PFAs responded to questions about how patient behaviors might change after the widespread use of vaccinations, how they would like to see health care delivery systems change as a result of the pandemic and what the priority of health care systems should be moving forward.

PFAs hope that patients will continue following infection prevention behaviors adopted during the pandemic and focus on health and wellness. However, skepticism about the ability to change behavior in the long term was apparent.

- **Fear, mistrust and fatigue**. PFAs expressed concerns that fear and mistrust will remain pervasive in our society even after the widespread use of vaccinations. A disconnect between the medical field, community leaders and the public was noted. It was observed that we are "in a period of existence, not living," and that we need to get back to living and focus on health and wellness, not sickness. This sentiment underscores the pandemic fatigue felt by many, but we must not forget what we have learned from it.

Much work needs to be done to better connect us all, including engagement, empowerment and education.

- **Patient-centered care**. PFAs would like to see a health care system that supports education and empowerment of patients, builds trusting partnerships and delivers patient-centered care. For example, telehealth needs to be improved and made more equitable by using basic technologies such as email and text, and should be better incorporated into health care delivery to meet patient needs. The payment system needs to follow suit to ensure telehealth visits are reimbursed at an appropriate rate to encourage future use.

What should health care systems prioritize after the pandemic?

- **Taking care of our health care workers**. This pandemic has been the "ultimate stress test" for the health care system and we must ensure our health care staff and professionals receive whatever they need to heal as we move forward.
- **Equity in health care**. It is paramount that the health care system find ways to provide services outside of the hospital and office settings to those who need it. Embracing the fact that health care encompasses more than just time spent with a provider — and includes a person's living conditions, access to healthy foods, transportation needs and access to technology — is critical. Providers must foster trust by acknowledging inequities both past and present and make a concerted effort to understand their patients' lives, not just their clinical conditions.

- **Increasing access to care**. Access through technology (e.g., patient portals and virtual/telehealth), coverage (universal care) and care settings (e.g., home care and remote monitoring) should be improved. One PFA noted, "Funny how everyone can get the vaccine for free — it's not even an issue."
- **Education, engagement and partnerships with patients**. PFAs noted the need to focus on delivering patient-centered care by listening to patients and engaging PFACs to make improvements.
- **Mental health**. Simply put, one PFA stated, "We have a lot of problems and a lot of people need help." The pandemic has caused an increase in mental health issues, with people concerned about social isolation and economic insecurity, as well as the virus itself. Insurance companies should pay more for mental health services so that people receive appropriate treatment.
- **Globalism**. This pandemic has shown us that health care needs to be internationally focused. We must partner with the World Health Organization and others to prevent a similar event from happening again — and prepare for the possibility that it might.

May focus group discussion themes

On May 1, 2020, more than 40 PFAs joined a webinar hosted by Vizient and Sg2 to provide 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. Discussion themes included:

"Why now? What's changed?"

Patients and families want to know "What has changed from when you told me to stay home? Why are hospitals considered safe now?" Among other things, they are concerned with:

- Quantity and proper use of personal protective equipment: Is there enough? How often is it changed? Is there a stockpile in case there's another outbreak?
- 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 (e.g., social media and local news). Too many unknowns exist and patients and families are not sure how confident hospitals are about 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.

"[If there is a] 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 [the] facility is safe as far as cleanliness, [the] treatment area location [is] 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 crucial.

- Patient flow from preprocedure through discharge must be reexamined (including how to integrate the use of telehealth and remote patient monitoring). Patients and families expect a detailed plan with checklists and instructions to help them and their family caregivers understand what will happen. They want their family caregivers 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 everyone 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 robodialing 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 the overall environment such as handrails, elevator doors and doorknobs — even the pens that are used to sign forms.

"I think really taking a comprehensive look at system safety, such as buttons on elevators … 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 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. 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.

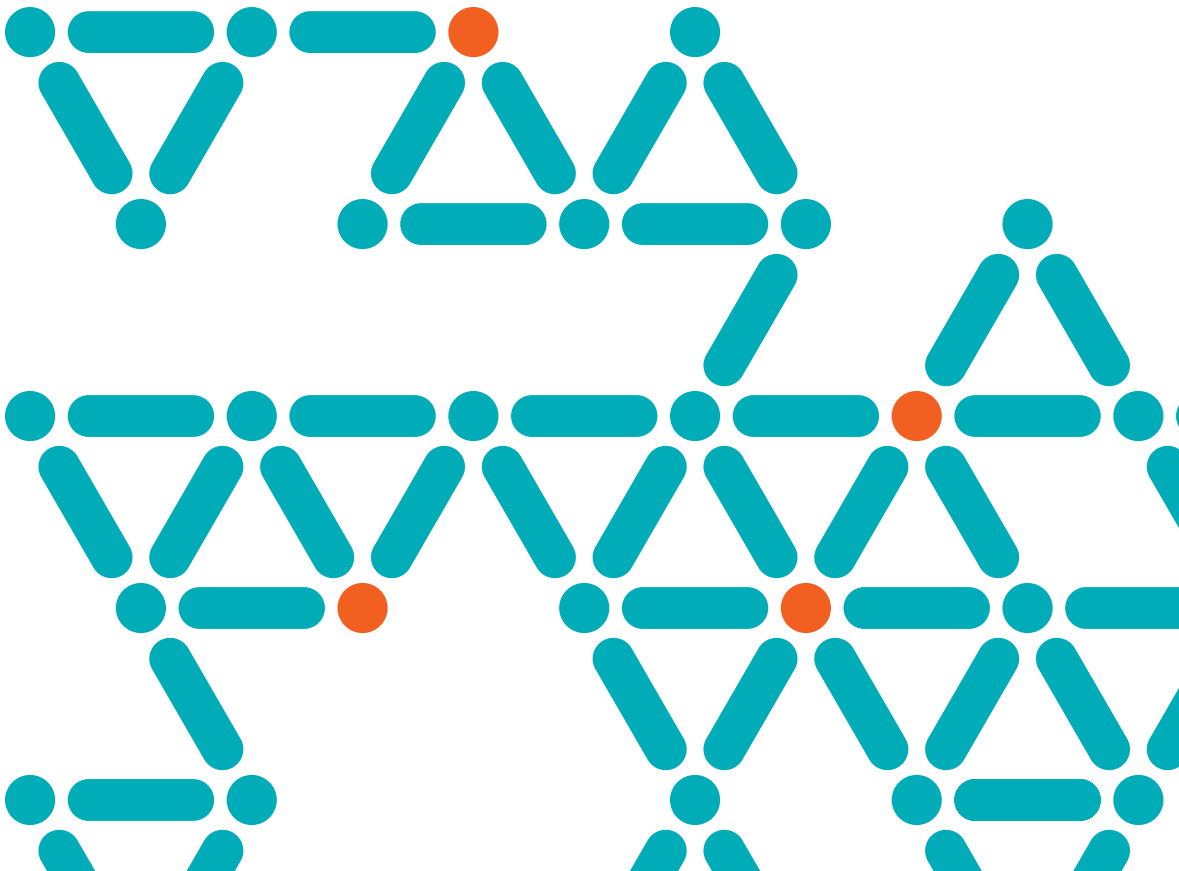
"[F]or caregivers of chronic patients, we are paranoid about our own health because we're taking care of this immunity-compromised person. If we get sick, we can't care for them, we can't take them for required routine visits, possibly resulting in disease progression or having to live with pain. If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

- Testing is a big concern for patients and families with regard to their personal risk 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 and exposure while waiting for 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 the elective procedure take the patient deep into the hospital or will it take place in a stand-alone facility? Will they or their family caregivers be located near where patients with coronavirus are being treated?

"[T]he 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."



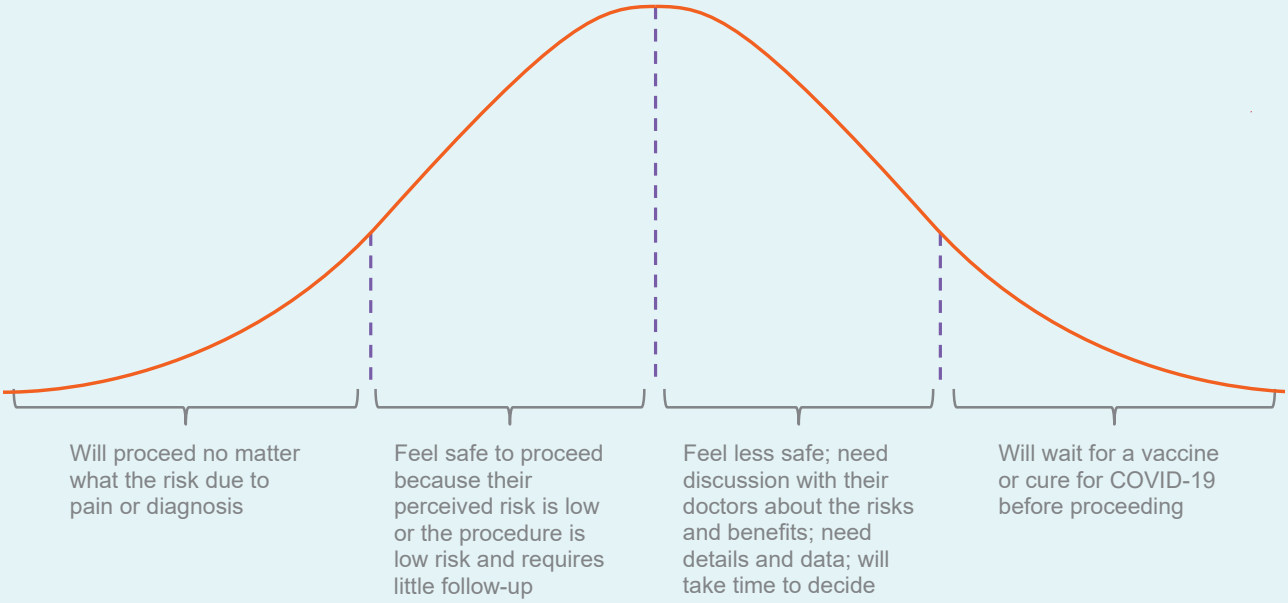
Key takeaways

Health systems may be overestimating how quickly or easily patients will move forward with elective procedures and 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 procedures.

In terms of a traditional bell curve as illustrated in Figure 2, the initial wave of patients most likely will include those desperate to move forward no matter what the risk (oncology patients, patients whose activities of daily living are impaired or who are in pain). A second wave of patients may include those who feel safe because they perceive that their own risk of infection is low or that the procedure they need carries low risks and requires little follow-up.

After these first two waves, physicians will need to engage the next potential group of patients — those who feel less safe — to ensure a steady stream of revenue. The third group of patients will likely have many questions and will need to have discussions with their doctors about their personal risks and benefits. They will need details and data, and will take their time to decide. For the last group of patients, discussions and data won't convince them to move forward with elective procedures; they will wait until there is a vaccine or a cure for COVID-19, and there will be no convincing them to do it sooner.

Figure 2. Potential responses of a person considering an elective procedure based on their perceived risk of exposure to COVID-19



Contributors

Vizient

Kellie Goodson, MS, CPXP, Performance Improvement Program Director

Tomas Villanueva, DO, MBA, FACPE, SFHM, Associate Vice President, Clinical Resources

Laura Lam, Market Research Project Manager

Sg2

Mark Larson, Vice President

Brian Esser, Associate Principal

Katie Elia, Senior Consultant

vizient®

Vizient, Inc.
290 E. John Carpenter Freeway
Irving, TX 75062-5146
(800) 842-5146

For more information,
contact Kellie Goodson at
kellie.goodson@vizientinc.com.

As the nation's largest member-driven health care performance improvement company, Vizient provides solutions and services that empower health care providers to deliver high-value care by aligning cost, quality and market performance. With analytics, advisory services and a robust sourcing portfolio, we help members improve patient outcomes and lower costs.

02/20 17586