Leadership Series: Leading Through Crisis during the COVID-19 Pandemic

The Inspired Physician Leader

June 7, 2020
Executive Leadership Coach for Physicians
James@JamesMcKenna.org
www.jamesmckenna.org
240-888-8049

The Week in Review: April 26 – May 2, 2020

- Global update: US, Italy, Sweden, Germany, Singapore, Luxembourg, New Zealand
- Testing, vaccine updates: Gilead, Remdesivir
- US Regional C19 differences Michigan, NYC, NC, SC, MN, LA, DC...
- C19 impacts minority communities differently (CDC death rates)
- Dr. Lorna Breen, ED Director, NYPresby post-C19, addressing clinician PTSD
- How to dial the business down while retaining people: Excess Capacity AND Over-capacity
- Redeployments (and, e.g. finding ICU Nurses)
- How to scale up while being safe; how to "re-open" appropriately (e.g. Hospitals, VA, businesses)
- Handling pay-cuts as employee, as leader communications strategies
- Public Perceptions and Stand-offs: Protesters vs Healthcare Workers
- Ethical, Legal Policies for PPE rationing (e.g. vents)
- Winners and Losers...INNOVATORS?
- Your LONG-TERM LEADERSHIP BRAND for YOUR ORGANIZATION AND yourself?

The Week in Review: May 10-16, 2020

- Global update: US, UK, Italy, Sweden, Germany, New Zealand
- Regional Update in US
- **Local** Updates:
- Re-open safely (e.g. elective procedures, businesses)
- Pay-cuts and the CARES and HCEA Act: Growing concern (and suspicion), "Where's the \$\$ going?"
- In environment of fatigue and distrust, how can leaders facilitate healthy dialogue? LEADERSHIP.
- Pre-procedure testing practices
- Telehealth payment parity long term
- Chronic and acute care management during a time when patients are fearful to seek care
- Physician burnout and wellness
- New Normal: What will post COVID-19 healthcare industry will look like?

The Week in Review: May 31- June 6, 2020

- Global update
- Regional Update in US
- Local Updates
- Leadership During Crisis
- Organizational & Individual Resilience

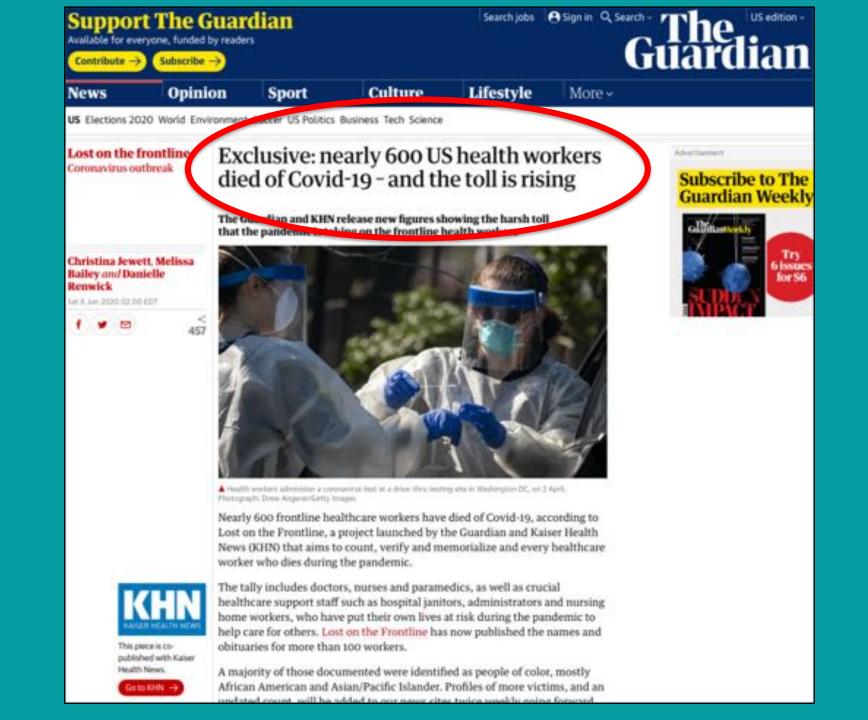
Objectives Today:

- Interactive, "open" forum to share ideas in a safe, confidential space
- Not necessarily "right answers" but experience, best practices, tools
- Facilitated discussion, polls and mini "Case Study"

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26	Solombia	38,027		1,205		14,382	22,440	335	746	24	399,505	7,867	50,845,925
28	Reservoire	37,527		25		24,559	12,943	4	8,418	4	408,495	69,861	5,847,274
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	Instand	25,183		1,678		22,698	807	36	5,104	340	348,416	70,615	4,834,012



Source: NYTimes.com June 6, 2020



June 4, 2020.

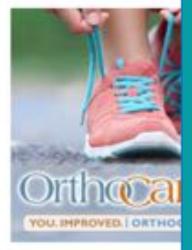
Atrium Health CEO Gene Woods, execs donate \$2M to **COVID-19** relief fund for employees











RECOMMENDED

SPONSORED CONTENT by Bullerbyte Real estate thought leader reflects on how Covid-19 has changed the industry

EDUCATION

Here's how Dayton's K



Earlier today, hundreds of #MGH employees showed up for a kneel-in vigil honoring #GeorgeFloyd. We stood together acknowledging the injustice of systemic & individual racism, as well as

#GunViolenceAwarenessDay.



1:59 PM - Jun 5, 2020 - Twitter for iPhone

340 Retweets 1K Likes



Inova Health System

53,762 followers 16h • **ⓒ**

O 0 16 · 2 Comments

Inova physicians, leaders and team members joined healthcare professionals across the country kneeling in silence for 10 minutes in solidarity and support of ending racial injustice. We are committed to working with our community to be part of positive change. #wc4bl #whitecoatsforblacklives

Leaders in Crisis



Who else?



Leadership Examples

Source: Forbes.com April 13, 2020

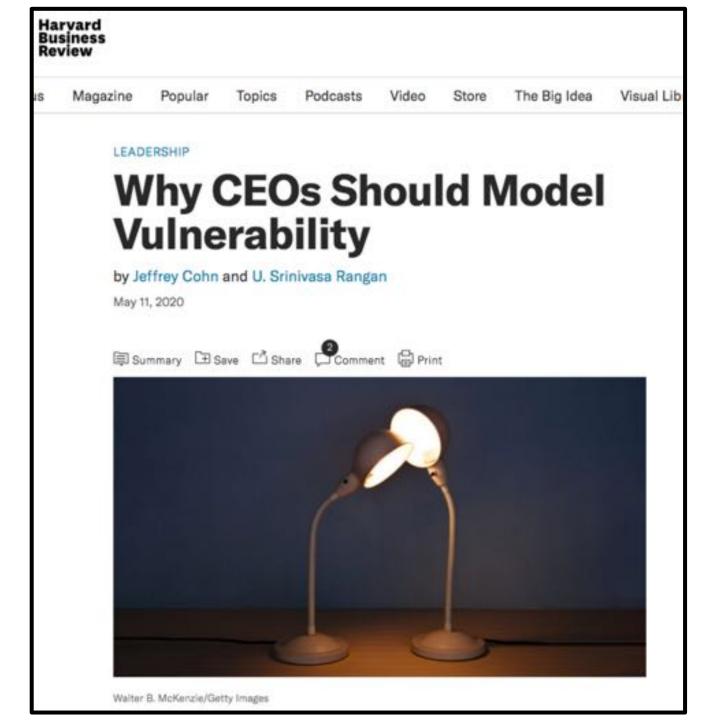
Truth

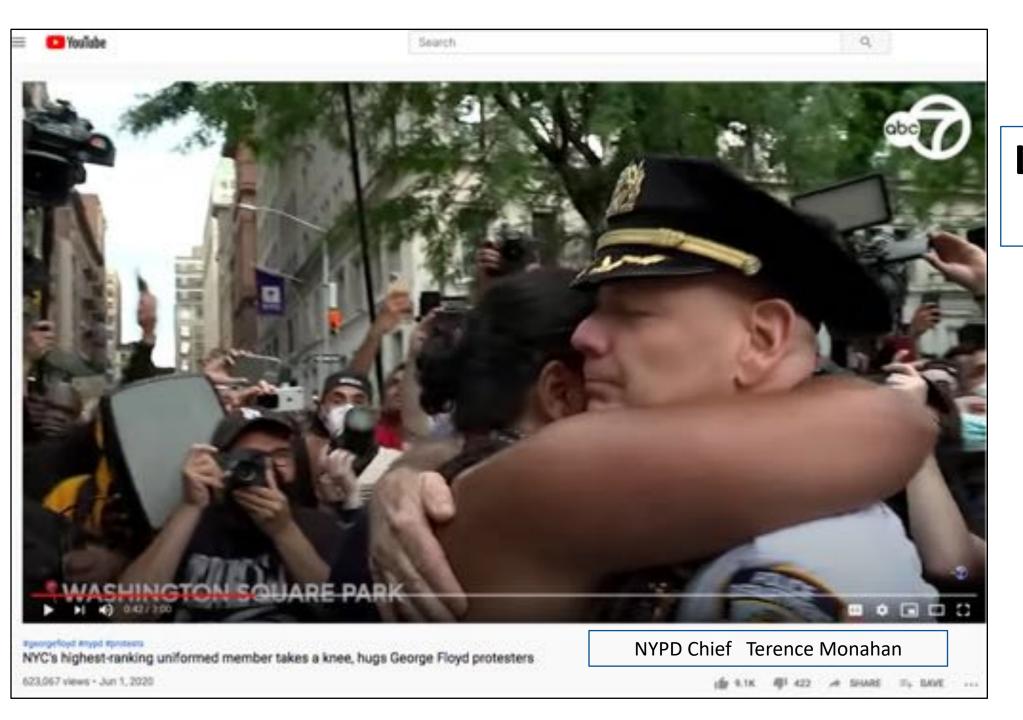
Angela Merkel, the Chancellor of Germany, stood up early and calmly told her countrymen that this was a serious bug that would infect up to 70% of the population. "It's serious," she said, "take it seriously." She did, so they did too. Testing began right from the get-go. Germany jumped right over the phases of denial, anger and disingenuousness we've seen elsewhere. The country's numbers are far below its European neighbors, and there are signs it may be able to start loosening restrictions relatively soon.

COUNTRY	LEADER	No. of Deaths
Denmark	Mette Frederiksen	260
Iceland	Katrín Jakobsdóttir	8
Finland	Sanna Marin	49
Germany	Angela Merkel	2,673
New Zealand	Jacinda Ardern	4
Norway	Erna Solberg	98
Taiwan	Tsai Ing-wen	6

Source: https://www.forbes.com/sites/avivahwittenbergcox/2020/04/13/what-do-countries-with-the-best-coronavirus-reponses-have-in-common-women-leaders/#1646e1453dec

What type of leadership is required now?

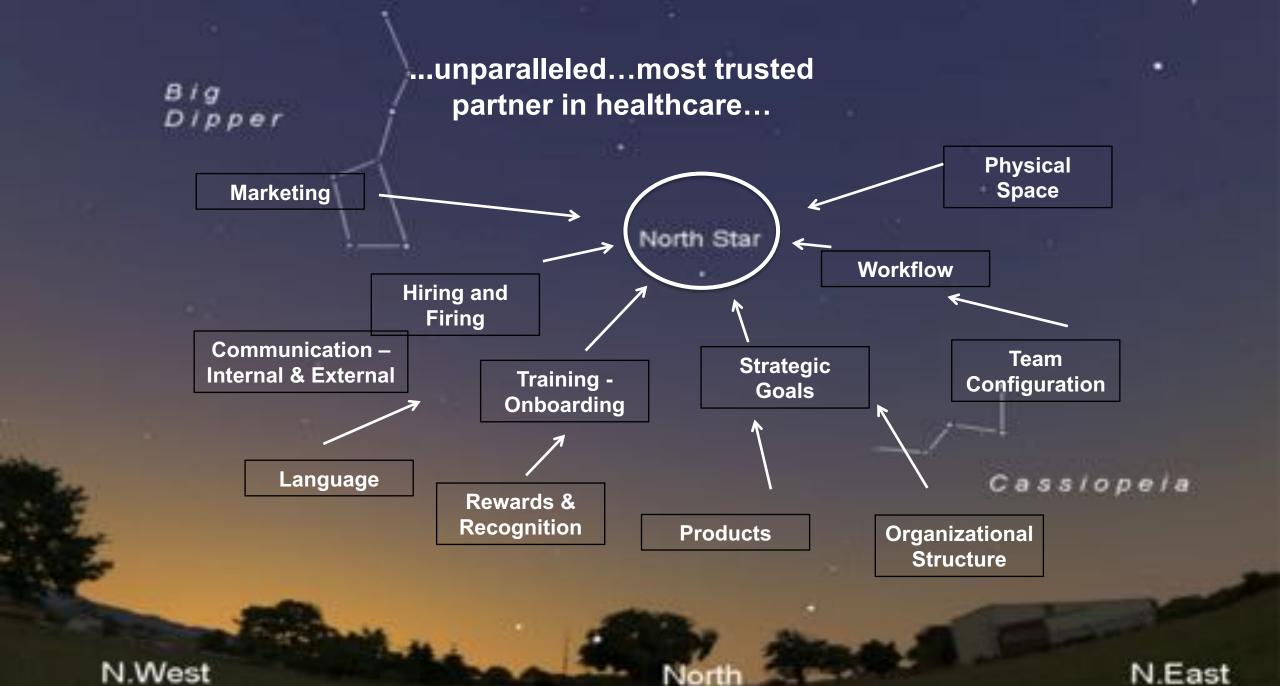


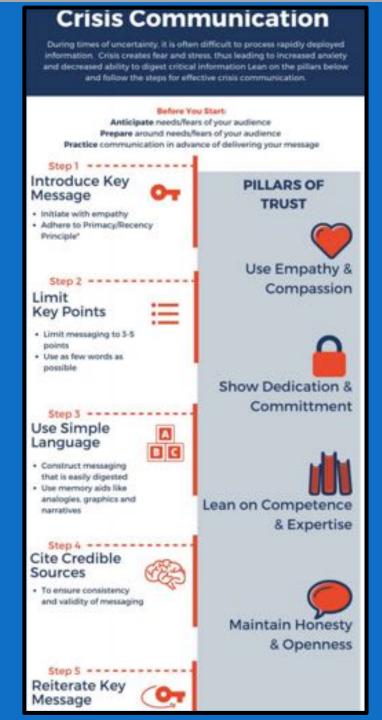


Leadership Examples

Case-Study – May 2020

- "St. Pat's" is a large (\$11B) well-known, leading health system
- Senior-level VIP coming to visit organization for a tour during the pandemic
- He and team are pre-briefed regarding wearing protective gear (e.g. mask)
- The VIP arrives without a mask, thinking it not necessary
- All (senior executives) at St. Pat's are wearing masks. How does St. Pat's handle the situation & VIP? There are highly contagious patients around. Hospital policy requires everyone wear a mask for staff/ patient/ visitor safety. The St. Pat's execs offer masks, but the VIP refuses, citing, "They might not be safe."
- The St. Pat's Execs look at each other and their colleagues for resolution.
- Enter: **Dr. Alex**. Dr. A is a senior physician leader reporting to the senior executives at St. Pat's. **Dr. Alex** is concerned about the safety and optics of this situation. Many other leaders look up to Dr. A (and superiors and leadership team). So do 50,000 staff and others globally.
- What leadership steps should <u>Dr. Alex</u> take to help your senior execs resolve the situation?





Source: ACC

Dr. Covello

Leadership in a (Permanent) Crisis

(Authors: Ron Heifetz, Alex Grashow, Marty Linsky)

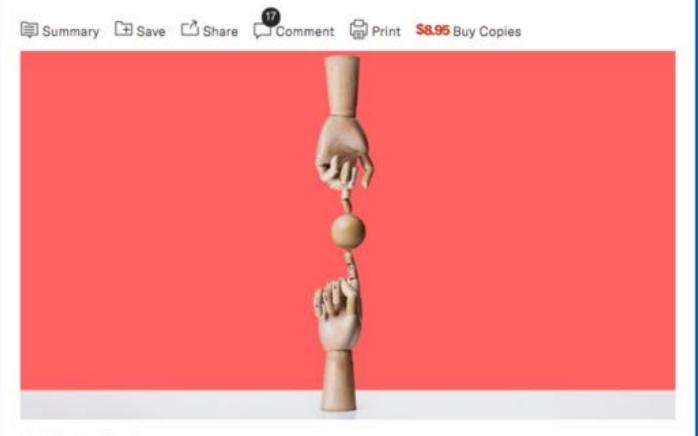
- Foster adaptation
- Embrace Disequilibrium
- Generate multi-level leadership

LEADERSHIP

The Psychology Behind Effective Crisis Leadership

by Gianpiero Petriglieri

April 22, 2020



"The Holding Environment"

David Crockett/Getty Images

CMS Adds 85 Telemedicine Services

Here are the 85 additional services, and their respective codes, that CMS will cover when provided via telehealth through the duration of the pandemic:

- 1. 77427: radiation management
- 2. 90853: group psychotherapy
- 3. 90953: end stage renal disease, one visit per month, ages 2 and younger
- 4. 90959: end stage renal disease, one visit per month, ages 12-19
- 5. 90962: end stage renal disease, one visit per month, ages 20 and older
- 6. 92057: speech/hearing therapy
- 7. 92521: evaluation of speech fluency
- 8. 92522: evaluation speech production
- 9. 92523: speech sound language comprehension 29. 97168: occupational therapy re-evaluation
- 10. 92524: behavioral quality voice analysis
- 11. 96130: psychological test evaluation phys/ghp 30. 97535: self care management training 1st
- 12. 96131: psychological test evaluation phys/qhp 32. 97755: assistive technology assessment ea

- 13. 96132: neuropsychological testing evaluation en phys/qhp 1st
- 14. 96133: neuropsychological testing evaluation 35. 99217: observation care discharge phys/qhp ea
- 15. 96136: psychological and neurological testing 37. 99219: initial observation care phy/ahp 1s
- 16. 96137: psychological and neurological testing 39. 99221: initial hospital care phy/qhp ea
- 17. 96138: psychological and neurological tech phy/qhp ea
- 18. 96139: psychological and neurological testing 43. 99235: observation/hospital same date tech ea
- 19. 97110: therapeutic exercises
- 20. 97112: neuromuscular re-education
- 21. 97116: gait training therapy
- 22. 97161: physical therapy evaluation low complexity, 20 min
- 23. 97162: physical therapy evaluation moderate complexity, 30 min
- 24. 97163: physical therapy evaluation high complexity, 45 min
- 25. 97164: physical therapy re-evaluation establish 54. 99304: nursing facility care initial plan care
- 26. 97165: occupational therapy evaluation low complexity, 30 min
- 27. 97166: occupational therapy evaluation
- moderate complexity, 45 min
- 28. 97167: occupational therapy evaluation high complexity, 60 min
- establish plan care
- 31. 97750: physical performance test
- 33. 97760: orthotic management and training 1st

- 34. 97761: prosthetic training 1st enc
- 36. 99218: initial observation care
- 38. 99220: initial observation care
- 40. 99222: initial hospital care
- 41. 99223: initial hospital care
- 42. 99234: observation/hospital same date
- 44. 99236: observation/hospital same date
- 45. 99238: hospital discharge day
- 46. 99239: hospital discharge day
- 47. 99281: emergency department visit
- 48. 99282: emergency department visit
- 49. 99283: emergency department visit 50. 99284: emergency department visit
- 51. 99285: emergency department visit
- 52. 99291: critical care first hour
- 53. 99292: critical care additional 30 mins
- 55. 99305: nursing facility care initial
- 56. 99306: nursing facility care initial
- 57. 99315: nursing facility discharge day
- 58. 99316: nursing facility discharge day
- 59. 99327: domiciliary or rest home visit new patient
- 60. 99328: domiciliary or rest home visit new patient
- 61. 99334: domiciliary or rest home visit established patient
- 62. 99335: domiciliary or rest home visit established patient
- 63. 99336: domiciliary or rest home visit

- established patient
- 64. 99337: domiciliary or rest home visit established patient
- 65. 99341: home visit new patient
- 66. 99342: home visit new patient
- 67. 99343: home visit new patient
- 68. 99344: home visit new patient
- 69. 99345: home visit new patient
- 70. 99347: home visit established patient
- 71. 99348: home visit established patient
- 72. 99349: home visit established patient
- 73. 99350: home visit established patient
- 74. 99468: neonatal critical care initial
- 75. 99469: neonatal critical care subsequent
- 76. 99471: pediatric critical care initial
- 77. 99472: pediatric critical care subsequent
- 78. 99473: self measurement of blood pressure at home education/training
- 79. 99475: pediatric critical care ages 2-5 initial
- 80. 99476: pediatric critical care ages 2-5 subsequent
- 81. 99477: initial day of hospital care for neonatal
- 82. 99478: ic low-birthweight infant < 1500 gm subsequent
- 83. 99479: ic low-birthweight infant < 1500-2500 g subsequent
- 84. 99480: ic infant pbw 2501-5000 g subsequent
- 85. 99483: assessment and care plan cognitive impairment

Source: CMS.gov As of April 27, 2020

New Normal?

- 1. Health systems use the "recovery" period (now?) to rationalize services.
- 2. No turning back from telehealth. Accelerate aggressive build!
- 3. Providers won't see demand return to pre-Covid-19 levels. Anxiety about travel and insurance will limit this.
- 4. Ambulatory networks will move to 'asset-light' models. Care at Home. (Dr. Ciro Indolfi, Italy ACC) Shared his pandemic lessons learned. Community-based care.
- 5. New primary care competitors will aggressively lock-in in patient relationships.
- 6. New rounds of provider consolidation, M&As, around acute care.
- 7. Hospitals / health systems have narrow window to stem outmigration. Patients staying local.

Choices for C19 "New Normal": Beyond Tomorrow

- 1. Speed of Learning
- 2. Value of Standards
- 3. Protecting the Workforce
- 4. Virtual Care
- 5. Preparedness for Threats
- 6.Inequity

How burned out do you feel?

- a) Not at all. I'm fully engaged in my work.
- b) Occasionally and I recover reasonably well.
- c) Frequently and I'm not coping as well as I'd like to.
- d) Significantly. Burnout affects me daily but I keep going.
- e) Severely. I don't think I can go on like this.

Solutions



By bobnellis

Professional coaching alleviates burnout symptoms in physicians

August 5, 2019



ROCHESTER, Minn. — Medical doctors in the United States are twice as likely to experience symptoms of burnout as other workers, which can compromise quality of care and place patients at risk. In a study in JAMA Internal Medicine, Mayo Clinic researchers suggest a new approach to fighting burnout: external professional coaching.

Defined by the World Health Organization as "feelings of energy

Source: https://newsnetwork.mayoclinic.org/discussion/professional-coaching-alleviates-burnout-symptoms-in-physicians/

Sample 1v1 Coaching Topics...

- Creating long-term career/ life legacy for self
- Achieving (& succeeding in) current/next leadership role
- Increasing my own work satisfaction
- Motivating Others / Team / Board to be more effective
- How can I create a high-performance team?
- Building sustainability; creating leadership bench
- Using drivers of engagement to influence others:
 Autonomy, mastery, purpose.
- Handling criticism
- Holding self and board accountable
- Being more thoughtful before speaking up too quickly
- Trusting others more
- Being an Effective Disruptive Leader
- Balance between ACC and "Real Job"

- Messaging properly
- Building my brand
- Networking more effectively
- Improving my communications skills: public speaking (ad-hoc dialogues in Board Mtgs; presentations, etc.)
- Increasing my own <u>self-awareness</u>
- Managing burnout in myself

Your choice of what YOU want to work on for SELF!

Poll Question:

 What does success look like for the ACC BOT?

Physical Health

How you live

- Body/mind awareness
- Energy management
- Peak performance lifestyle

Success Factors

Emotional Health

How you feel

- Self-awareness
- Positive emotions
- Resilience

Spiritual Health

How you view the world

- Higher purpose
- Global connectedness
- Generosity of spirit

Vocational Health

How you perform

- Meaningful calling
- Personal mastery
- Drive to succeed

Who You Are

Social Health How you interact

- Authenticity
- · Mutually rewarding relationships
- Nourishing communities

Intellectual Health

How you think

- Deep curiosity
- Adaptive mindset
- Paradoxical thinking

Source: "Grounded" by Bob Rosen

This presentation is confidential and proprietary to jamesmckenna.org. Do not distribute.

Caring for the Caregiver



Shared Support Layers of Resiliency

Dr. Pat

Well-being ... better relationships; not feeling alone; self-health; respect from peers AND a life outside of work...



Dr. Alex

Well-being: be better
role model for
daughter and
'alleviate pain and
suffering by being an
exceptional person
and physician
leader'; self-health



Coaching and Other Disciplines

Therapy	Mentoring	Consulting	Traditional Supervision	Coaching
Deals mostly with a person's past and any trauma to seek healing	Deals mostly with succession training and seeks to help someone do what you do	Deals mostly with problems and seeks to provide information/expertise to solve them	Deals mostly with the execution of specific duties and seeks to show a person how to accomplish a task a specific way	Is future-focused and aimed at understanding barriers to goals and designing strategies to eliminate those barriers
Doctor-Patient Relationship (Therapist has the answers)	More Experience - Less Experience Relationship (Mentor has the answers)	Expert - Person with Problem Relationship (Consultant has the answers)	Supervisor - Employee Relationship (Supervisor sets the rules and has the answers)	Equal Partnership (Coachee has the answers; Coach assists Coachee in self- discovery)
Assumes emotions are a symptom of something wrong	Is limited to emotional response of the mentoring parameters (succession, etc.)	Does not normally address or deal with emotions	Does not normally address or deal with emotions	Assumes emotions are natural and normalizes them
Therapist diagnoses, then provides professional expertise to provide a path to healing	Mentor allows client to observe behavior, offers advice, answers questions, provides guidance for the stated purpose of mentoring	Consultant stands back, evaluates a situation, then tells client what the problem is and how to fix it.	Traditional Supervisor	Coach stands with coachee and helps him/her identify challenges through self-awareness and works with client to turn challenges into victories with accountability to reach goals within client's hands
I know how to guide you. "What happened in the past that is inhibiting you from getting what you want out of life today?"	My experience is "This is how I did it."	I know how. This is what you are paying me to tell you. "This is how to do it." e: Hayward and Assoc	I know how and this is what you must do. "Do it this way."	How can I help you learn? "What have you tried? How has that worked? What else can you try?"

ANNALS OF MEDICINE OCTOBER 3, 2011 ISSUE

PERSONAL BEST

Top athletes and singers have coaches. Should you?



By Atul Gawande







Ye been a surgeon for eight years. For the past couple of them, my performance in the operating room has reached a plateau. I'd like to think it's a good thing—I've arrived at my professional peak. But mainly it seems as if I've just stopped getting better.

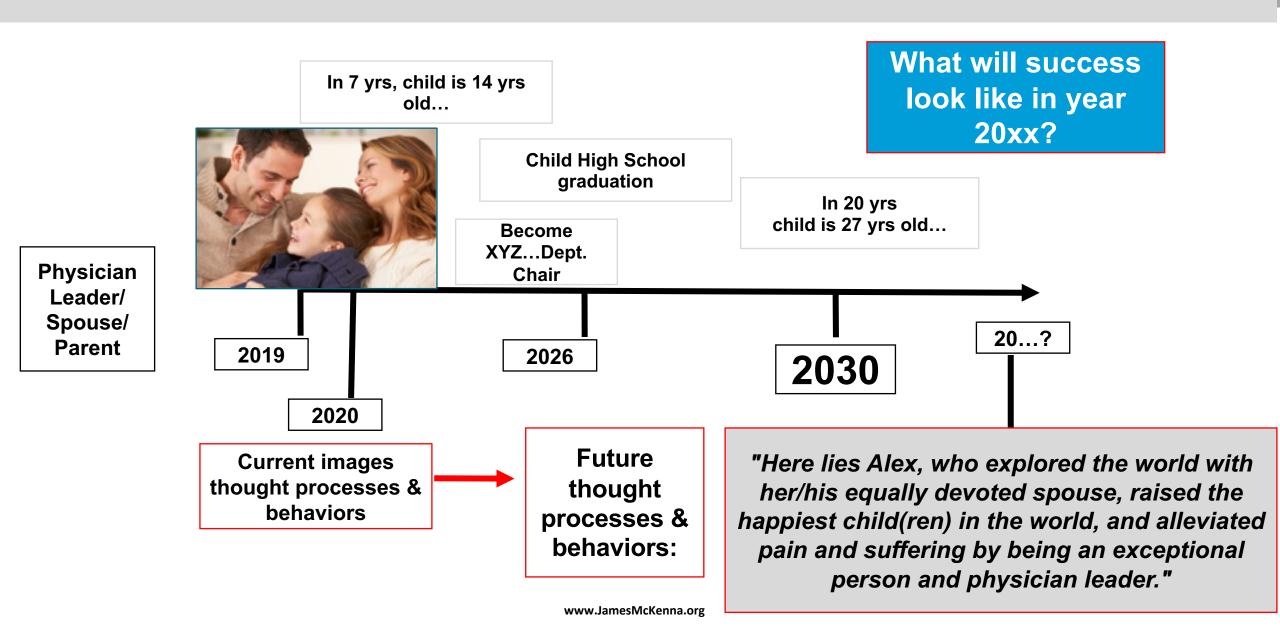
During the first two or three years in practice, your skills seem to improve almost daily. It's not about hand-eye coördination—you have that down halfway through your residency. As one of my professors once explained, doing surgery is no more physically difficult than writing in cursive. Surgical mastery is about familiarity and judgment. You learn the problems that can occur during a particular



No matter how well trained people are, few can sustain their best performance on their own. That's where coaching comes in.

Source: Dr. Atul Gawande, New Yorker, 2011.

Tool: "Big-Picture", Long-Term Vision for Self



Leading Through Uncertainty - Suggestions

- 1. It's OK to not feel OK. This is normal and you're not alone. There are resources around you for support. It's ok to admit you have fears.
- 2. Remain informed AND limit the amount of information intake. Too little info causes anxiety. Too much info does, too.
- 3. Understand your safety boundaries. E.g.: PPE. Be clear in your own mind about where you stand on that. Discuss concerns with administrative leaders.
- 4. Take care of self. Sleep. Exercise. "Put your own oxygen mask on first."
- 5. Create a safe, physical-distancing plan for your immediate family in your own house.
- 6. Focus on present joy and meaning AND picture a hopeful future. Remember joy and meaning for self. Use gratitude.
- 7. Remember the bigger picture. If you must make professional or personal changes now in your lives, remember those changes may not have to be forever. The possible length of a full career may last another 1, 5, 10, 20+ more years. Today's challenges may just be a blip on the radar in a year from now. Adjust. Agility.
- 8. If feeling anxious about how long this period of uncertainty will last, remember, it will end. We don't know when, but it will end.
- 9. Write a prioritized list of what's important to you.
- 10. Love wins over fear. Remember key medicine: compassion and empathy for SELF and others.