

## COVID and How to Get Back to “Routine Care”

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### Do we really want to get back to where we were?

**Covid-19 accelerated many processes that were nascent or slow going, but directional.**

- Cultural and financial investment in **innovation as a tactic**, not a strategy: “If you keep on doing what you are doing, all you are going to get is what you have got.” (Henry Ford)

### In systemic equilibrium with

- “This above all: **To thine own self be true**”—Hamlet, Act I, Scene III Polonius’ advice to Laertes, about to embark on new challenges (going to University in France)
  - *There, my blessing with thee.  
And these few precepts in thy memory  
Look thou character. Give thy thoughts no tongue,  
Nor any unproportioned thought his act.  
Be thou familiar but by no means vulgar.  
Those friends thou hast, and their adoption tried,  
Grapple them unto thy soul with hoops of steel,  
But do not dull thy palm with entertainment  
Of each new-hatched, unfledged comrade. Beware  
Of entrance to a quarrel, but being in,  
Bear ’t that th’ opposèd may beware of thee.  
Give every man thy ear but few thy voice.  
Take each man’s censure but reserve thy judgment.  
Costly thy habit as thy purse can buy,  
But not expressed in fancy—rich, not gaudy,  
For the apparel oft proclaims the man,  
And they in France of the best rank and station  
Are of a most select and generous chief in that.  
Neither a borrower nor a lender be,  
For loan oft loses both itself and friend,  
And borrowing dulls the edge of husbandry.  
This above all: to thine own self be true,  
And it must follow, as the night the day,  
Thou canst not then be false to any man.  
Farewell. My blessing season this in thee.*
- Do not lose sight of who you are, why you are, what you do, how you do it
  - **Mission**
  - **Vision**
  - **Values**

From which flow,

- Goals
- Strategy
- Tactics
- Milestones—
  - what can't be measured, can't be managed
  - The Hawthorne Effect (The Observer Effect): people and phenomena that are observed, change their behavior to attempt to control the observed outcome

E.g., this tension between trueness to and clarity of purpose and the cultural challenges inherent in innovation, writ large. U.S. response to bombing of Pearl Harbor cf. Walter Borneman, The Admirals (2020)

- Retrospectively, Japan serves as an example of what not to do. Japan had lost the war as soon as they embarked on a tactic mistaken for strategy, poorly executed (Yamamoto)
  - Overstretched Japanese supply lines and scope of service area
  - Failed to destroy Pac Fleet
    - Fuel oil
    - Carriers/at sea
    - Subs/base
    - Dry docks to repair
    - Maintenance facilities
  - Spent their resources and the element of surprise sinking visible **symbols** of power *from the past* (battleships), but **not the root sources of current American power, not the future** of Pac Flt (American manufacturing capacity, American fuel resources, refueling at sea, air power on carriers, and subs).
    - The U.S. faced an existential opportunity/decision: **Adapt or Die.** cf Chas Darwin, The Origin of the Species (1859)
      - The rest of the quote is, “It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one the is most adaptable to change.”
  - FDR/Adm Leahy (his personal communications rep and mediator to Joint Chiefs) issued only two orders in concert with Adm King (CNO) to Nimitz CINCPacFlt, from which flowed 3 years of focused tactics to bring the war to Japan. Clarity of identity, mission, vision, values, and goal, with adaptive tactics:
    - *“Secure and hold the communication and supply lines between Midway (both geographically midway to Asia from U.S. and strategically, the Battle of Midway was turning point of War in Pac), Hawaii, and the West Coast.”* i.e., maintain infrastructure to bring the war to Japan.
    - *“Maintain a similar lifeline between the West Coast and Australia (MacArthur island-hopping invasion forces)”* to bring the war to Japan.
- The lessons for us as Provider Organizations are the same.

- Maintain the 3-4 Pillars of your Strategy
  - Stability (cultural and balance sheet)
  - Member Growth and Scaled Expansion of Scope
  - Partnerships (internally and externally) to support the other three Pillars
  - Innovation (different tactics to achieve different outcomes)
- Clarity of Identity and Purpose (Mission & Vision), commitment to Strategy to achieve Purpose
  - Internally and EXTERNALLY (advocacy)
  - Long view of Health Outcomes and Parity, not short Q to Q measures of low hanging fruit
    - Automatically includes Pop Health data and disaster preparedness, resiliency of members, providers, and organization
- Adaptability is most important variable in the culture of an organization.
  - Adaptability WITHOUT losing Clarity of Identity, Purpose, Strategy, Goals
- Do not overstretch our supply lines:
  - Financial Stability of organization and providers
  - Lines of Communication, clarity and consistency of message
- Be good Listeners
  - To your Self, your Board (who should provide clarity, strategic purpose, and feedback but not micromanagement), your teams, your member patients, to your provider networks, to the macro environment and audiences, and to the micro environment (incl SARS2-Covid-19)
  - Listening provides information regarding direction, resources, and barriers
- Tactics for effective Strategy must (be):
  - Align incentives
  - Effective at attaining goals, little wins
  - Scalable and sustainable
  - Equitable and promote Equity
  - Understandable and communicated (frequently) to entire value chain
  - Relate to the Whole Person/SDOH/PEARLS
  - Examples, many well-described:
    - Telehealth, virtual visits. Temporary regulatory waivers, HEDIS measurement and payment accommodations must be made permanent. This will require advocacy from all of us individually and collectively
      - Innovation in what is really necessary for specialty management of complex and chronic health care
      - Improved multi-ordered Access
      - Improved multi-ordered Affordability and Total Cost of Care
      - Improved Patient Experience/Satisfaction
      - Improve Provider Experience/Satisfaction

- Measure variation in Outcomes to validate Best Practices, what should be continued
- Parity for behavioral health and resilience
  - Telepsych
  - Psych support for PCP's at point of service
  - Media-based inventories and resources to aid patients/members in self-identification and self-referral
  - AI for content, not activity-tracking or sales
- Investment in innovation by payers. "If you keep on doing what you are doing, all you are going to get is what you have got." (Henry Ford)
  - Remote monitoring, remote inventories
  - Peripheral devices, e.g., BPs, Scales, Blood sugars, pumps
  - Provision of electronic devices to patients for multi-purposes, so long as it includes health
    - E.g., AppleWatch, notepad devices, smartphones
  - Rx
    - Biologics
    - Genetic testing
    - Bioprinting
    - Organ transplant
  - Geomapping to guide policy and programs
  - EMR's/Patient Health Records
    - Revisit EMR design, data-entry and documentation requirements
    - Revisit EMR for pop health and clinical decision support.
      - Artificial intelligence
      - Privacy solutions that mask personal identifiers to support analysis and sharing along the value chain
    - Affordability
    - Address competitive inter-communication and privacy barriers. Universal access
    - SECURITY issues
- Adaptive payment models to sustain provider base and align incentives
  - Until provider can meaningfully participate in TCC, carve-outs and complexity breeding quality issues, will persist
- New or adaptive communication and health education that is more relevant to the audience.
  - Text messaging
  - Social media