



CONSIDERATIONS OF UNMET NEEDS
IN COVID-19 RESPONSE AND
RECOVERY:

A VIEW FROM REGION 4C HOSPITALS

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WHO WE ARE – CONFERENCE OF BOSTON TEACHING HOSPITALS (COBTH)

- The Conference of Boston Teaching Hospitals (COBTH) is a non-profit coalition of twelve Greater Boston-area teaching hospitals, who collaborate in a number of important areas, including:
 - Emergency preparedness and management –Region 4C EM Coordinator
 - Community Benefits and citywide Community Health Needs Assessment
 - Advancing policy and advocacy consistent with AMC mission (patient care, teaching, research, medical and allied health professional education, and patient and community needs)
 - Supporting Interface of Emergency Medicine and Emergency Medical Services
 - Supporting Our Research and Medical Education Goals and Activities
 - Supporting Regional Domestic Violence Resources and Response





COBTH MEMBER TEACHING HOSPITALS

COBTH IS PROUD TO REPRESENT 12 BOSTON-AREA TEACHING HOSPITALS:

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center



Beth Israel Lahey Health 
Lahey Hospital & Medical Center



COBTH/REGION 4C: HOSPITAL RESPONSE TO COVID-19 PANDEMIC

- COBTH/Hospital response began in early 2020
- Virtually all COBTH activity shifted to COVID-19 response and related advocacy
- All COBTH Committees focused on internal and external response to COVID-19
- COBTH provided daily situational awareness updates to our hospitals from the Federal, State, and City of Boston; included timely communication of new and emerging government information
- Communicated and collaborated with industry partners (MHA/AAMC/AHA) and federal, state, and local officials on COVID-19 response
- Coordinated hospital response across the City of Boston (Region 4C) to ensure consistency and adequacy of response and coordination among hospitals

COBTH RESPONSE TO COVID-19: SNAPSHOT

COBTH participated in:

- Daily calls with BPHC Medical Intelligence Center
- Multiple meetings weekly with hospital Emergency Management teams/Incident Command Centers (HICS), including BPHC, OEMS, Boston EMS
- Maintained real time communication with HICS through text messaging list, including BPHC
- Participated in weekly DPH Calls with hospitals and CHCs, and separate calls with EMS providers
- Participated in regular staff and Board calls with MHA
- Met weekly with COBTH Emergency Medical Services Committee, consisting of ED leaders across COBTH hospitals
 - Maintained “real time” communication with this Committee through text messaging list
- Supported “Critical Care Coordinating Committee” (surge/bed capacity management)
 - Daily 12pm call with Region 4C Hospitals
 - Follow-up notes to Committee and Hospital Incident Command Centers
 - COBTH followed up on any issues that needed following up
 - Maintained “real-time” text messaging communication with this group
- COBTH joined an MHA Post-Acute Transitions of Care and Emergency Management Committee
 - Troubleshot challenges to discharging patients to post-acute settings
- COBTH joined MHA Behavioral Health calls, established weekly
- Met with MHA/MA Congressional Delegation staff weekly

WHAT WAS CRITICAL TO OUR RESPONSE?

- Collaboration across hospitals in Region 4C and statewide; grateful for MHA statewide leadership and leading communications with state officials
- Close collaboration with City of Boston: BPHC, Boston EMS, Boston MedFlight – constant mutual information-sharing to provide broad situational awareness
- Communication by public officials with hospitals and public – essential, almost daily
- Integration of public health, clinical and hospital emergency management and operations' expertise into government decision-making (e.g. testing and vaccination rollout)
- Clear and consistent messaging from hospitals for our patients and staff – worked hard to ensure even response across all of our hospitals (e.g. visitor policies, masking policies)
- Integrating health equity into our efforts and decision-making
- Hospital engagement with our communities to understand needs – testing, vaccines, therapeutics, food access, housing needs, challenges in congregate housing, isolation, fear, anxiety

COBTH/REGION 4C (BOSTON): WHAT WERE OUR HOSPITALS ABLE TO DO? LOOKING BACK

- **Ensure ICU and Ventilator Capacity.** Canceled elective procedures to ensure adequate general care and intensive care capacity in our hospital facilities
- **Increase Access to Testing and Vaccination.** Deployed everything in our power to increase testing and vaccination capacity across all City of Boston neighborhoods and populations, consistent with CDC guidelines
- **Meet Critical Supply Chain Needs.** Left no stone unturned in securing needed hospital resources including drugs, medical devices, protective equipment for our employees, and food supply for patients
- **Get Employees to Work.** Secured adequate transportation to ensure our Region 4C employees could continue to provide care (when public transportation shut down/reduced)
- **Harness the Strength and Expertise of Research Enterprise.** Unleashed the full power of our research enterprises to identify potential treatments, vaccines and therapeutic strategies to heal each and every patient in our care

COBTH/REGION 4C (BOSTON): WHAT WERE WE ABLE TO DO?

- **Prioritize Safety of our Workforce.** Prioritize the health and safety of our workforce with continuous monitoring for potential “hotspots” or areas where our employees and communities are challenged
- **Build and Identify Alternatives for Employees Who Couldn't Return Home.** Worked to secure alternatives for those unable to return home
- **Add Capacity to our Existing Staff.** Added staff capacity with new graduates of physicians and nurses, as well as volunteers, retirees and foreign-trained medical professionals, in partnership with government
- **Maximize our Workforce Capabilities/Resilience.** Harnessed the skill and resiliency of our workforce in re-deploying skills to meet new and otherwise unmet needs
- **Collaborate Along Continuum of Care.** Partnered with skilled nursing facilities and long-term care facilities on care management and employment strategies

COBTH/REGION 4C (BOSTON): WHAT WERE WE ABLE TO DO?

- **Provide Innovative Care through Telehealth/Telephone.** Deployed every available technology and resource to care for patients in their homes and in safe environments
- **Engage in Continuous Learning for Clinical Care for COVID-19 Patients.** Reached out to colleagues in New York, Washington, Italy, and elsewhere – across the country and across the world – to understand the lessons learned across the full spectrum of the COVID-19 disease
- **Stand Up New Facilities for Patients.** Hospitals stood up facilities to help our most vulnerable patients needing isolation, respite, and post-acute care. Hospital/Govt. partnership essential.
- **Respond to Unmet Community Needs.** Worked with PFAC's and CABs to meet needs
- **Collaborate 24/07/365!!** Collaborated around-the-clock, day-in and day-out to ensure that each of us and all of us have the resources we need to take the best care of our patients
- **Work Closely with Public Officials.** Shared information with local, state, national leaders and advocated for needed resources for workforce support and patient care

COBTH/REGION 4C: WHERE ARE WE TODAY? WHAT ARE OUR NEEDS?

A Workforce in Need of Support, Growth and Diversity

- Hospitals are facing enormous financial strain and workforce challenges with need to support the strength and resiliency of our **current** workforce, and to grow and diversify our workforce at all levels – physicians, nurses, allied health professionals – caregiving and support professionals throughout our hospitals. Workforce funding programs must eliminate barriers

Working to Meet the Behavioral Health Needs of Patients

- Hospitals are working hard to respond to the “Pandemic behind the Pandemic” – increased behavioral health needs, particularly among pediatric and geriatric populations. Government, payer flexibility critical. Workforce needs are also significant in this area

Continue to Responding to Community Needs and Health Inequities

- Hospitals are working to overcome exacerbation and persistence of longstanding inequities in access to testing, vaccination and therapeutics as captured by city and state data
- Responding to delays in care, exacerbation of chronic disease, and increased community needs for resources including nutrition, housing support, childcare access and other needs

COBTH/REGION 4C: WHERE ARE WE TODAY? WHAT ARE OUR NEEDS?

Facing the End of Innovation, Waivers, Flexibilities, and Protections for Health Care Workers

- Hospitals face a looming end to the PHE and authorization for care innovation, waivers, flexibilities, and protections that were essential to COVID-19 response, such as Telehealth and hospital-at-home programs, and liability protection for employees

Working to Meet Short-Term and Long-Term Emergency Preparedness Needs

- Mechanisms and structures must be in place NOW to enable us to respond to future PHE's and to do so transparently and with accountability to the public and the patients we serve. Readiness is paramount and integration of community perspectives is essential

Strongly Supporting our Research Enterprises

- The importance and necessity of our research enterprises has never been greater and we need to sustain and grow essential research – the building blocks to progress and response



RECOMMENDATIONS BASED ON HOSPITAL EXPERIENCES DURING COVID-19

COBTH/REGION 4C RECOMMENDATIONS

- Funding, strategies and elimination of barriers to supporting, replenishing and diversifying our workforce (ARPA Funding crucial/Dr. Lorna Breen Act)
- Funding, strategies and flexibility for innovation to meet the behavioral health needs of our patients – in the community and in acute and post-acute settings
- Glidepath to transition from PHE – maintain key flexibilities and waivers beyond the end of the PHE
- Enact policies and programs to improve emergency response infrastructure and ensure readiness for future public health emergencies and disasters

COBTH/REGION 4C RECOMMENDATIONS

- Ensure integration of clinical and hospital EM and operations' expertise into emergency planning and response
- Improve Overall Emergency Response Capability
 - State and national legal framework that supports rapid implementation of liability protections, interstate healthcare worker licensure support, and easing of credentialing requirements during declared disaster
 - Improve availability of regional assets; create enhanced statewide healthcare information sharing system
- Consider dedicated sources of (state?) funding to support disaster response efforts
- Promote health equity in emergency and disaster response
 - Community health and DEI partners must be embedded into statewide emergency response command structures
 - Hospitals must continue to strengthen partnerships with community-based organizations and maintain robust pathways for patient, family, and community engagement in all aspects of emergency response, hospital operations and health care delivery
- Review and document best practices from the COVID-19 pandemic

THANK YOU!

- We look forward to working with you toward our shared vision of a world-class emergency preparedness and response infrastructure in our City and our Commonwealth that meets the needs of all residents—including our amazing health care workforce and our most vulnerable communities.

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