Wharton ALUMNI
UNIVERSITY of PENNSYLVANIA

HEALTH CARE MANAGEMENT
ALUMNI ASSOCIATION

THE WHARTON HEALTHCARE QUARTERLY

SUMMER 2020, VOLUME 9, NUMBER 3

TABLE OF CONTENTS

IN EVERY ISSUE

Editor's Letter 4

The President's Desk 5

Alumni News 8

The Philosopher's Corner 11

Affidavit: Healthcare and the Law - COVID-19 and Constitutional Rights 12

Downloading Success: Harnessing the Hidden Strengths of Physician Leaders to Thrive Post-Pandemic 14

Mind the Gap: The Ghost of COVID Future 18

Cyber Vitals: Planning for Medical Device Security in 2025 While Surviving 2020 22

FEATURED ARTICLES

COVID-19: The Invisible Impact of an Invisible Threat 26

The Power of Integrated Leadership 32

Healthy House 2020 34

Leading in a Virtual Reality 38

Wharton Around the Globe: Helping Improve Access to Vulnerable Populations in Rural India 40

IN UPCOMING ISSUES

Open Wide: Tooth Decay - From Condition of Humanity to Consignment to Medical History? Part 3

The Hidden "Blessings" of COVID-19

CBD and Mental Health - Therapeutic Magic or Myth? Part 2

QUICK LINKS

Join Our Mailing List

Upcoming Events

Wharton Healthcare Management Alumni Association

Penn Connect

GET INVOLVED

Have an article to contribute or words of wisdom for the Philosopher's Corner?
Send us an Email.

Summer 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

EDITOR'S LETTER

Z. Colette Edwards, WG'84, MD'85
Managing Editor

To learn more about Colette, click here.

2020 has been a year that will undoubtedly go down in history. The novel coronavirus continues to have an unprecedented impact in every aspect of life across the globe. And it appears COVID-19 will influence the future not only for years to come but also in ways we may not even be able to imagine at this point in time.

First a bit of good news. I am excited to announce this issue inaugurates a new column – CyberVitals – brought to the *Wharton Healthcare Quarterly* by WEMBA '42 grad Vidya Murthy. Vidya will keep all of us informed and on the cutting edge of cybersecurity and beyond.

Now for the increasingly bad news.

The pandemic has taken a physical toll and has shone a bright light on the many inequities which exist in communities of color and those of low wealth and have both gone unaddressed and actually increased over time. The pandemic has also resulted in repercussions which are being manifest by a pandemic of another type…..the toll on emotional and mental health. And with the now **global** acknowledgment and reaction to the longstanding epidemic of racial injustice and brutality resulting in a seemingly endless number of deaths of African Americans at the hands of the police, another seismic journey is unfolding.

Recent events have triggered turmoil and a wide range of emotions - fear, horror, disbelief, grief, heartbreak, anger, resentment, rage, an ignited sense of purpose and a reactivated commitment to action. The world has not been able to "unsee" or turn away from the video of the life of George Floyd drain out of his body. For some, eyes have been opened, and for others overwhelming physical and emotional exhaustion has set in.

"A small body of determined spirits fired by an unquenchable faith in their mission can alter the course of history."
~ Mahatma Gandhi

Lastly, and in a "you wouldn't believe it you if you saw it in a movie" moment, the coronavirus seems to be mutating to an even more contagious form, **and** there is now word of an emerging flu virus, G4, found in pigs in China that has the potential to become a pandemic. It bears a resemblance to H1N1, and current seasonal flu vaccines aren't likely to provide any protection.

2020 has been a year that will undoubtedly go down in history. It is up to us to determine what that history turns out to be.

Z. Colette Edwards, WG'84, MD'85
Managing Editor

Contact Colette at: colette@accessinsightmd.com

DISCLAIMER
The opinions expressed within are those of the authors and editors of the articles and do not necessarily reflect the views, opinions, positions or strategies of The Wharton School and/or their affiliated organizations. Publication in this e-magazine should not be considered an endorsement. The Wharton Healthcare Quarterly and WHCMAA make no representations as to accuracy, completeness, currentness, suitability, or validity of any information in this e-magazine and will not be liable for any errors, omissions, or delays in this information or any losses, injuries, or damages arising from its display or use.

THE PRESIDENT'S DESK

Maria Whitman, WG'05

To learn more about Maria, click here.

Dear Alumni and Friends,

First and foremost, wherever you are, I hope this letter finds you and your family safe and well.

2020 has thus far tested the very fabric of our world: personally, professionally, societally, globally. It is an understatement to say that it has been a hard year for many – in fact, for many it has been life changing. We have experienced an unprecedented global pandemic, economic and health uncertainty, and a global demonstration spurred by the violent deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and many others to combat systemic issues of racism and inequality. Unequivocally, Black Lives Matter, these individuals matter.

These events have exposed deep cracks in aspects of our society that we as individuals, as humans, cannot ignore. They have also started to unite us together in the call to action, and in doing so we stand on a real opportunity for change. But that change requires ongoing commitment to action and real advancement of the issues before us.

As you know, the **mission of the WHCMAA** is to:

- Support the Wharton Healthcare Management Program and its students
- Contribute to the lifelong learning of its membership
- Contribute to the healthcare sector through service, leadership, and education

The WHCMAA Board has been working diligently to prioritize and drive action and connection in areas of greatest need in these recent months, and will continue to do so in service to this mission and our role as leaders in global health.

I am proud of the way we as a community responded from the beginning of the pandemic. If you have been following on our social media, you will see a snapshot of what our Alumni have accomplished: setting up non-profits for fundraising, supply sourcing, and interim support; leveraging networks to source leads; finding experts to join a mission or vet a potential solution; raising hands to support each other as mentors and thought partners; creating and sharing content and knowledge about various aspects of the virus and its impact; reaching out and supporting the program and students, and of course, creating avenues for our alumni to stay connected virtually. It has been a privilege to help support a number of initiatives and fuel connections during this time, and there is more to come as we progress in 2020. But our work is far from over.

We are committed to executing on a meaningful plan of action as leaders and allies of the Black community. As an organization connected to a top institution and program, and as passionate drivers of improving health, there are a number of places we can have direct impact, for example: leading forums to drive specific connection, awareness, and continuing education; financial and other program support for students; and partnerships to advance critical health topics like racial and social health disparity, policy research, etc. We want the actions we take to drive real change, and therefore we are taking the

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

DuaneMorris®

DUANE MORRIS IS A PROUD SPONSOR OF THE WHARTON HEALTHCARE MANAGEMENT ALUMNI ASSOCIATION

With decades serving the healthcare industry, Duane Morris has one of the most experienced and respected health law practice groups among U.S. law firms. From offices in major markets in the United States, as well as London, Asia and the Middle East, more than 45 Duane Morris lawyers counsel leading organizations in every major sector of the healthcare industry on regulatory, business transactions, litigation and other matters.

Duane Morris – Firm and Affiliate Offices | New York | London | Singapore | Philadelphia Chicago | Washington, D.C. | San Francisco | Silicon Valley | San Diego | Los Angeles Taiwan | Boston | Houston | Austin | Hanoi | Ho Chi Minh City | Shanghai | Atlanta Baltimore | Wilmington | Miami | Boca Raton | Pittsburgh | Newark | Las Vegas | Cherry Hill Lake Tahoe | Myanmar | Oman | Duane Morris LLP – A Delaware limited liability partnership

For more information, please contact:

DAVID E. LODER, Partner
P: 215.979.1834
deloder@duanemorris.com

LISA W. CLARK, Partner
P: 215.979.1833
lwclark@duanemorris.com

DUANE MORRIS LLP
30 South 17th Street
Philadelphia, PA 19103-4196

www.duanemorris.com

THE PRESIDENT'S DESK

time needed to identify and prioritize where we can amplify progress, investigate partnership opportunities, and put in place the metrics for progress. We welcome your direct ideas and involvement. Please contact me directly at: president@whartonhealthcare.org.

We also continue to encourage active dialogue and connection among us. Bring your thought leadership, research, experiences, and ideas to our community in one of our social groups. And as you find valuable content, please forward and comment. Let's build our virtual connectivity and conversation together.

- Linked In: Wharton Health Care Management Alumni Association
- Twitter: @WhartonHCMAA
- Facebook: Wharton Health Care Management Alumni Association
- Wharton Knowledge Network: whartonhealthcareopen@googlegroups.com

There is a new channel open to individuals in health outside the WHCMAA because, we as know, the public health issues at this time are far-reaching, and together the Wharton community can help. You can join and follow this channel at: https://www.linkedin.com/company/whcmaa/.

At this time, I also want to acknowledge our outgoing and incoming board members, who make action possible with their effort and dedication. First, thank you to those whose dedication, service, and leadership have elevated our committee accomplishments significantly: Dan Mulreany (WG'17, Chair of Events Committee), Roman Rubio (WG'03, Chair of Career Development Committee), and Bernie Zipprich (WG'16, Chair of Communications Committee). Dan, Roman, and Bernie will be greatly missed.

Congratulations and welcome to our newly elected members: Re-elected for an additional term: Emily Reid (WG'15), Brian Holzer (WG'05), Ryan Vass (WG'14), and newly elected: Bryan Bushick (WG'89 – prior board member, going for round 2!), Katherine Clark (WG'15), and Carrie Nowacki Hiebeler (WG'05). Hareesh Nair (WG'08) is an appointment new member of the board, based in Asia, representing our global community. On behalf of our community, thank you for taking on this commitment to share your time, talent, and passion with us, especially in these critical times.

With this election, we have continued to increase the diversity of our board in many ways: gender, background, health sector, and geographic balance. Diversity and inclusion is critical to our success and our effective representation of our community, and we will continue to mindfully encourage diversity in our elected and volunteer committee teams.

Dear alumni, as always, my thoughts are with you. Stay safe, stay healthy, stay hopeful, and stay active. We have great work ahead of us to drive positive and lasting change, and I look forward to that journey together.

Kind regards,

Maria Whitman, WG'05
President, Wharton Healthcare Management Alumni Association

Contact Maria at:
Maria.whitman@zs.com
646.824.2012
www.linkedin.com/in/mariawhitman
Twitter: @MariaWhitman

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

ALUMNI NEWS

Jeff Voigt, WG'85
Accepted for publication, July 2020 Issue, *American Journal Cardiology*. Voigt J, Emani R, Gupta S, Germany R, and Khayat R. (2020) Meta-analysis comparing outcomes of therapies with central sleep apnea and heart failure with reduced ejection fraction.

Coauthored following article with University of Pennsylvania School of Nursing: Demiris G, Corey KL, Parker Oliver D, Washington KT, Chadwick C, Voigt JD, Broterton S, and Naylor MD. Spoken Words as a Biomarker: Using Machine Learning to Gain Insight Into Communication as a Predictor of Anxiety. Journal of the *American Medical Informatics Association 2020* (In Press).

Contact Jeff at: meddevconsultant@aol.com

Tom Davis, WG'87
Tom Davis has hung up his self-employed consulting shoes and donned the virtual running shoes needed to accelerate the growth and success of Somatus, a managed kidney care company. He started his position as SVP, Operations in May.

Learn more.

Sourav Bose, WG'17 and Serena Dasani, WG'19
Serena and Sourav celebrated their marriage in Kolkata in February 2020 with several of their Penn and Wharton friends who traveled to India from six continents to join in the six-day celebration. It was a colorful celebration with delicious food, endless dancing, and everlasting joy. Serena and Sourav met while graduate students at Penn; Serena asked Sourav for career advice with regards to the dual MD-MBA degree and the rest is history! They both currently serve as resident physicians at Penn and Brigham & Women's Hospital where Serena is pursuing training in anesthesia and Sourav is pursuing training in surgery.

Contact Sourav at: souravkbose@gmail.com
Contact Serena at: dasaniserena@gmail.com

Garikai Govati, WG'13
Free Mobile and Web-based COVID-19 Pre-screening Symptom Checker Launched to Help Flatten the Curve in Africa
With the COVID-19 pandemic now reaching Africa's cities and townships - the majority of which are not amenable to precautionary measures such as social distancing and self-isolation - it is highly likely the number of infected people will grow faster than currently being observed. This, in turn, will cause a severe burden on the already overstrained healthcare systems of most African countries. Governments should be managing mortalities due to COVID-19, and this can be done more effectively through monitoring and tracking the patients with positive test results and ensuring they receive the required attention to manage their health as well as, to the extent possible, manage further spreading.

To this end, epione.net has built a pre-screening symptom checker into its platform that connects all stakeholders in the healthcare value chain, enabling a seamless patient journey. The pre-screening symptom checker allows patients anywhere to monitor the evolution and progression of their symptoms and provides prompts that enable patients to seek medical attention when appropriate. The patient is then given options of screening doctors they can book, and a case flow is created on the platform, including electronic referrals for testing, advice on the test results – positive or negative, and post-test monitoring and tracking of the recovery of the patient. epione.net Founder and CEO, Garikai Govati, says: "The idea behind self-monitoring is to alleviate the pressure on healthcare infrastructure by streamlining and focusing resources on symptomatic patients and thus 'flattening the curve' – it does not intend to take healthcare providers out of the equation."

Once a COVID-19 case is activated on the platform, it will soon have the capability to notify the government and assist in data collection as well as effective monitoring and tracking of the patient to better understand their social circumstances. It will also incorporate geo-spatial mapping to help decision-makers with identifying hot spots through heatmaps.

The epione.net platform connects the entire healthcare value chain, from patients to providers (doctors and hospital systems), payors (governments, employers and intermediaries such as health insurers), and producers (pharmacies and diagnostic companies). "Our audacious vision is to create an ecosystem in which technology facilitates access to quality healthcare by promoting and supporting collaborative and coordinated care with one true source of patient information benefiting everyone, starting in Africa," shares Farai Chikumbu, the company's CTO.

ALUMNI NEWS

Designed with Africans in mind, the platform is accessible via a secure web portal for healthcare professionals and both a mobile application (Android and iOS) and web portal for patients, free of charge. The platform not only digitizes healthcare processes across the value chain, it also integrates private and public health systems to ensure all patient information is stored under one platform, no matter where a patient receives healthcare. The platform is also adaptable to different systems and is therefore able to quickly respond to challenges, as is the case with its enhancement to support COVID-19 efforts.

All users enjoy benefits that target their needs, including:

- Patient profiles that are owned by the patients, with access permissions controlled by them.
- Automated, seamless and secure online referrals between primary and secondary clinicians, closing the feedback gap.
- An online marketplace for theatre space across hospitals, opening up opportunities for more efficient theatre utilisation through seamless bookings and management.
- End-to-end patient care case flows where practitioners can truly collaborate and coordinate around patient care.

Garikai explains that as African countries move toward universal health coverage in all its different forms - the National Health Insurance in South Africa being one such example - epione.net is a ready-made solution which governments can adopt in a bid to strengthen their health tech infrastructure. "In fact, with additional functionalities and capabilities such as data analytics and reporting, AI, and machine learning to be launched by the end of this year, epione.net will also support health system administrators to execute key functions, such as budgetary planning and population health management."

The epione.net platform is currently live in two hospitals in Soweto, with a select number of doctors and practice managers partaking in both pilots, and the COVID-19 pre-screening symptom checker is available to anyone who downloads the app.

"Ultimately, epione.net aims to reduce **costs**, improve **quality** and increase **access** to healthcare for all," concludes Garikai.

About epione.net

Four years ago, the epione.net team *Garikai "Gazah" Govati (CEO) WG'13, Rhobhi Matinyi (CSO), Farai Chikumbu (CTO), and Jessica Chivinge (COO)* sought to address some of the barriers to healthcare caused by the scarcity of integrated healthcare platform systems in Africa. The company is made up of passionate young Africans with roots all over the continent, who are solely focused on the provision of healthcare without barriers for all Africans and beyond. It is an experienced team - several members studied healthcare at local and international academic institutions, and all went on to work for a broad range of organizations within the sector. This means the team has an in-depth understanding of the local, regional, and international healthcare domain. epione.net is a very diverse healthcare company with business, strategy, operational, technology, and clinical skills. It uses technology, to address some of Africa's healthcare challenges and is tackling a global challenge through its platform.

Contact Garikai Govati ("Gazah") at:
gazah@epione.net
+27 81.891.9783

The patient app can be downloaded on the following platforms:
Apple: https://apps.apple.com/za/app/epione-net-patients/id1487920012
Android: https://play.google.com/store/apps/details?id=net.epione.patient&hl=en

For more information, please visit us at www.epione.net or on the following social media platforms:

Facebook: https://www.facebook.com/epionenet/?ref=br_rs

LinkedIn:
http://linkedin.com/company/epione-net

Twitter: https://twitter.com/epionenet

Instagram: https://www.instagram.com/epione_net/

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

THIS MONTH'S PHILOSPHER:
BRIAN HOLZER, MD, WG'05

To learn more about Brian, click here.

THE PHILOSOPHER'S CORNER

LIFE LESSONS

If I knew then what I know now, ***I would have...***

- sought out more experiences with entrepreneurship while at Wharton. My career path has only more recently gravitated towards corporate innovation and entrepreneurship. I would have greatly benefited from the many opportunities available to students while in school to learn and grow in these areas.

If I knew then what I know now,
I would NOT have...

- been so focused on "what's next." It is so easy early in your career to be overly focused, if not completely distracted, on getting to the next level or the next role. I have learned to better embrace the journey and fully invest myself in "the present."

FAVORITE QUOTES

1. "If you want something new, you have to stop doing something old." ~ Peter F. Drucker
2. "Never let the fear of striking out keep you from playing the game." ~ Babe Ruth
3. "Stay hungry. Stay foolish." ~ Steve Jobs
4. "Some people want it to happen; some wish it would happen; others make it happen." ~ Michael Jordan
5. "You have brains in your head. You have feet in your shoes. You can steer yourself any direction you choose." ~ Dr. Seuss

RECOMMENDED READING

1. ***Bad Blood: Secrets and Lies in a Silicon Valley Startup*** by John Carreyrou: The rise and fall of Elizabeth Holmes and Theranos has so many obvious but also subtle lessons about business, culture, and life. It is easy to dismiss her as a fraud and a failure. However, our culture unapologetically encouraged her to be the next Steve Jobs and Theranos to be the next Apple. We embraced her intellect and brilliance as a storyteller and marveled at her courage and vision to change an industry. In the end, these same traits that are often relished in entrepreneurship and innovation, were misdirected and brought her down.
2. **Articles:** I prefer to read at least an hour or two a day from online forums such as the *WSJ* and *The Atlantic* as well as social media platforms such as LinkedIn, Twitter, and Medium. I try and seek out content from people with perspectives and opinions that I completely disagree with. In my lifetime, we have never been more divided as a country, and I think it is important to try and understand various points of view to help bridge gaps and also refine my own views.

Contact Brian at:
Brian.Holzer@Kindred.com

THIS MONTH'S PHILOSPHER:
Brian Holzer, MD, WG'05

To learn more about Brian, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

AFFIDAVIT: HEALTHCARE AND THE LAW - COVID-19 AND CONSTITUTIONAL RIGHTS

Since the COVID-19 pandemic arrived, we have received an unexpected education on government powers in a public health emergency. Beginning in March 2020, federal and state officials have acted forcefully to contain the emergency through orders and advisories for individuals to stay-at-home, social-distance, and wear masks, as well as for schools and most businesses to close. These restrictions have caused massive personal and societal disruption and revealed the extent of government powers in a major public health disaster. Indeed, it is a fundamental duty of government to respond to major health issues that threaten the common good, but finding the right balance of measures that promote public health while not improperly restraining individual freedoms is a tricky business. In the U.S., such actions are governed by a patchwork of laws and cases that derive from federal and state constitutional principles providing for, on the one hand, police powers during an emergency and, on the other hand, guarantees of individual liberties with due process of law.

As the COVID-19 crisis advanced, federal and state leaders issued orders and other directives under laws that permit them to invoke special powers during public health emergencies. In Pennsylvania, the Governor may declare a "disaster emergency" and thereby suspend regulations; utilize "all available resources"; purchase supplies; commandeer resources from private parties; call up the Pennsylvania National Guard; and authorize the Secretary of Health to take such necessary measures as mandatory testing. The Governor may also control the "ingress and egress from a disaster area, the movement of persons within the area and the occupancy of premises therein," i.e., mandate that persons quarantine. 35 Pa.C.S.A. Section 7301(f)(7).

At the time of this writing (May 2020), Pennsylvania's Governor Tom Wolf has issued scores of orders, proclamations, and announcements to respond to COVID-19. During the initial stages of the pandemic, his orders to stay-at-home, close non-essential businesses and schools, and use emergency funds to buy healthcare supplies and strengthen food programs, were urgent and swift efforts to curtail the spread of the virus and minimize public harm. Several months later, he is lifting some restrictions through "phase-in"orders. It remains to be seen if and when he will lift more restrictions, especially if the virus resurges.

In many states there have been significant objections to stay-at-home and business and school closure orders by those who maintain these measures are too strict, knee-jerk, not based in science, and violate fundamental individual rights to move freely and work. This push-and-pull between the government's authority to protect the public health through forced actions, in effect through police power, is not new and has been addressed in the case law. A frequently-cited case is *Jacobson v. Massachusetts*, 197 U.S. 11 (1905) concerned a Cambridge, Massachusetts, regulation requiring that residents get vaccinated against smallpox or be fined $5. Plaintiff Jacobson challenged the order and was ready to proffer medical evidence to show that vaccinating him was not necessary based on his health and, indeed, could cause harm. The Court held that, in light of valid public health concerns, the regulation was a legitimate exercise of the state's police power and was neither unreasonable nor arbitrarily imposed. But the Court recognized there may be cases in which "the police power of a state . . . may be exerted in such circumstance, or by regulations so arbitrary and oppressive in particular cases, as to justify the interference of the courts to prevent wrong and oppression." Id. at 38.

There are other cases involving quarantine, vaccination, and other measures to curb the spread of contagions such as the bubonic plague, tuberculosis, HIV/AIDS, and Ebola, many of which cite *Jacobson*. Many of these cases find in favor of the state but others require, and, as stated in Jacobson, "the interference of the courts" as stated in *Jacobson*. The rulings vary based on the circumstances, including the gravity of the public health risk; the reasonableness of the government response; fear; prejudice; and the medical and scientific principles underlying the contagion. But they all address the balance of public health powers against individual freedoms, with due process guaranteed under federal and state constitutions and laws.

Very recently, *Jacobson* was at the center of a COVID-19 case involving Texas' decision to prohibit healthcare providers from providing elective services during the COVID-19 pandemic to "preserve medical resources," including hospital space and personal protective equipment (PPE). Planned Parenthood and other abortion providers challenged the order, [which would have prohibited nearly all abortion services, (except in cases where the mother's life was in jeopardy)] on the grounds that many abortion procedures were not elective or were induced by medication and therefore did not require medical resources. Ultimately, the U.S. Court of Appeals for the 5th Circuit ruled in favor of the Governor, with the condition that medication-induced abortions be allowed to proceed, relying on the Jacobson case to mean that States have very broad authority to invoke public health measures in a crisis, such that in this case the order was reasonable and did not violate the law. *In re Greg Abbott et al.* (5th Cir., April 20, 2020). Many commentators disagreed with the decision, including the interpretation of *Jacobson*, to provide such broad discretion.

Each public health emergency is unique and requires a unique response. COVID-19 has taught us that federal and state governments should be well-prepared for public health emergencies, including ensuring that important laws and policies that promote health are in place. Even though we cannot predict the exact time of the next major public health emergency, we can assume there will always be a variety of opinions and legal challenges during each emergency on the question of how much is too much government control, and whether individual liberties that are protected by our federal and state constitutions have been comprised.

Contact Lisa at:
LWClark@duanemorris.com

CONTRIBUTOR:
Lisa Clark, JD'89

To learn more about Lisa, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

DOWNLOADING SUCCESS: HARNESSING THE HIDDEN STRENGTHS OF PHYSICIAN LEADERS TO THRIVE POST-PANDEMIC

Never has the clarion call to transform healthcare delivery been louder or more urgent than it is today. Organizations will need to engage physician leaders to answer the call. But not in the way many assume. The COVID pandemic has thrust us into the most incredible circumstances, forcing organizations to reassess nearly every aspect of how they operate, and how they will survive and thrive in the near and distant future.

Physicians are intelligent, voracious, lifelong learners, a result of their heightened curiosity and scientific thinking. What may be surprising is that this aspect of their personality correlates with and amplifies two other innate tendencies these leaders often possess – ingenuity and innovation. These core drivers are critical for idea generation, out-of-the-box thinking, and problem solving.

During the course of our work with physician executives, most of whom are focused primarily on administrative leadership activities, we've measured data related to the foundational personality drivers of more than 200 physician leaders. Our methods use three science-based assessments that have been independently audited, validated, and refined over 40 years of talent development applications in myriad industries.

These three assessments measure a person's baseline propensities and characteristics, their key strengths, motivators, and values, and the unconscious tendencies they have which can derail their performance. These metrics enable organizations to leverage this predictive data to create hyper-tailored development and succession plans for their leaders, thereby increasing the effectiveness of leaders at all levels by identifying and accelerating one of the central tenets of leadership, emotional intelligence.

Looking across the aggregate dataset of physician leaders, two markers stand out amongst the very highest average scores – inquisitive and imaginative. Most often these characteristics go hand in hand and demonstrate a person's ability and propensity to be creative, strategic problem solvers, and boundless, ingenious idea generators.

This remarkable insight emphasizes how critical it is for organizations to include physician leaders in enterprise-level brainstorming, problem solving, and strategic discussions. As we emerge from the pandemic, leading successful teams and organizations will require a much different approach. Organizations that nurture and embrace physician leaders and engage them at a high level will ensure their organization's agility and resilience to flourish well into the future.

Explicitly inviting physician leaders and executives to share candidly in strategic, future-oriented conversations, given their innate ability to pioneer solutions, balanced with their expertise and passion for the delivery of high quality, patient-centered care, creates a distinct advantage for healthcare organizations. The challenge is finding the most constructive ways to tap into this tremendous talent.

Physicians complete years of schooling, residency, and ongoing professional education, but, as many studies have pointed out, this intense training and immersion in the field leaves a deficit of leadership skills. These leaders are often left on their own to learn in trial-by-fire type scenarios how to become effective leaders. Investing in the development of physician leaders initiates an opportunity to develop the skills and competencies essential for physicians in enterprise leadership.

Historically, when physicians are appointed to leadership roles within their hospital or health system, it is often described

CONTRIBUTORS:
Bob Clarke, and Joe Mazzenga

To learn more about Bob and Joe, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

DOWNLOADING SUCCESS: HARNESSING THE HIDDEN STRENGTHS OF PHYSICIAN LEADERS TO THRIVE POST-PANDEMIC

metaphorically as if they are standing at the edge of a swimming pool. On one end is the shallow, walk-in portion of the pool and the other end, the deepest part. Because physicians are intelligent, hardworking, and have a lot of capacity, they are thrown straight into the deepest end of the pool without the ease of transition that most other leaders enjoy throughout the course of their careers.

However, physician leaders are frequently ill prepared at this point to understand themselves, as they have not developed much in the way of emotional intelligence. They may also lack the requisite business acumen that would enable them to make the best decisions, and, more importantly, to feel confident contributing to the range and scale of conversations around the boardroom table. This is a population of leaders who feel highly competent in all areas of their career, but, when dropped into a leadership role, may experience an uncomfortable hesitation and doubt.

After spending thousands upon thousands of hours perfecting their craft, here they sit knocked off balance and out of sorts having comparatively worked a very tiny fraction of that time on developing their leadership muscle. By identifying their strengths, increasing their self-awareness, and boosting their intrinsic propensity for creativity and problem solving, physician leaders employ their desire for knowledge and are easily immersed in building themselves and their teams to accelerate performance and succeed.

Prioritizing these sometimes hidden dimensions of their physician leaders' personalities, organizations can unlock the potential of these leaders simply by resetting expectations, both external to that leader and within. As other leaders adjust their perception of physicians in leadership roles, the effects will be limitless. When we think about all of this in relation to how we will weather and navigate the uncharted waters ahead and the questions surrounding delivery of care, the voice and contribution of physician leaders must be heard and encouraged.

Inviting the relentless commitment physician leaders have for care delivery and patient satisfaction into discussions about how and where care will be delivered is vital to designing a future that fits the dynamic landscape ahead. What if the hospital bed of the future is in the patient's living room, and the house call is via video chat? Isn't that a discussion best had with input from physicians in the room? The key is to avoid typecasting physician leaders by relying on them only for clinical or diagnostic input. They will have much more to offer.

Looking ahead, it is imperative to enable physician leaders and executives to push the boundaries of possibility and dream of a future healthcare delivery system beyond imagination. Support their outstanding ability to incubate and accelerate those ideas to invent and deploy solutions that proactively thrust your organization into a future of its choosing instead of a future without choice.

Contact Joe and Bob at:
Joe Mazzenga, Managing Partner of NuBrick Partners
jmazzenga@nubrickpartners.com
800.960.9245

Bob Clarke, CEO of Furst Group
bclarke@furstgroup.com
800.642.9940

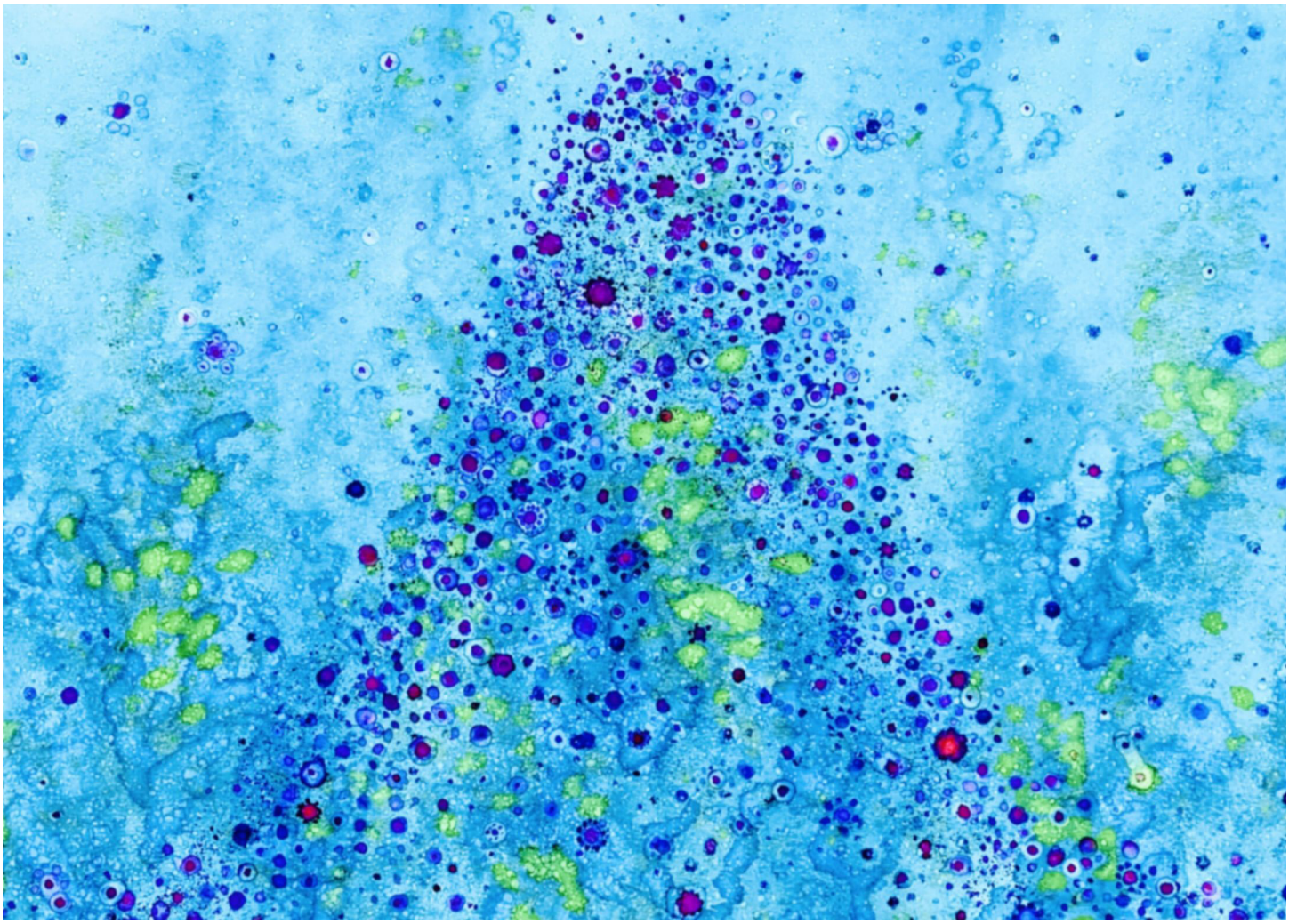
CONTRIBUTORS:
Bob Clarke, and Joe Mazzenga

To learn more about Bob and Joe, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

MIND THE GAP: THE GHOST OF COVID FUTURE



By the time you read this article, three months will have passed since I wrote it. Perhaps you'll be gathering with friends and family for a summer picnic. Maybe you'll notice 4th of July decorations on display and a festive vibe in the air. I hope that's what things will look like for all of us.

However, at the moment it's the last week of April 2020, and I am upstairs in my home office, hunched over my laptop. My thoughts filter through a lens of cabin fever and hay fever. My gaze wanders out the window and settles upon the house across the street. My neighbor is adjusting her mask as she stakes her row of Easter lilies, which are starting to bloom. A blanket of pollen coats my driveway – a golden path, interrupted only by a set of paw prints – evidence of my floppy-eared co-worker, softly snoring at my feet. All four legs are twitching in unison, likely in pursuit of a felonious squirrel.

From my perch the view is much like any other weekday morning in the middle of spring, except for my masked neighbor, my furry officemate, and the trending news content. There is no mention of pollen count or heat index, but the latest COVID-19 statistics show over 1 million confirmed cases of COVID-19 to date in the U.S., with over 60,000 deaths.

However, the heightened vigilance and sense of urgency we experienced back when the cherry trees first blossomed seem to have given way to "pandemic fatigue." Many of us have settled into our "new normal" and have started embarking upon the "what happens next?" phase of our journey. Certain states and businesses have started to reopen, with some of us saying it's too soon, and others protesting that we're long overdue.

It was only three months ago, January 30th, that the World Health Organization declared the novel coronavirus a global public health emergency. One month prior to that date, many of us still had our 2019 holiday decorations up and had never heard of Wuhan. However, less than a month later, "COVID-19" had established itself in our country's vernacular, and, in February 2020, the first COVID-related death in the U.S. was reported. Within a few short weeks, the number of confirmed cases in the U.S. exceeded 1,600 with over 40 deaths (although our ability to accurately measure prevalence was somewhat limited, at least in part due to logistical challenges around widespread screening and testing).

On March 13th, after conflicting narratives about the potential severity of risk posed to the American public by the pandemic, COVID-19 was declared a national emergency in the U.S., setting in motion a series of regulatory, operational, and fiscal changes in response to the threat. We were urged to stay at home. Various events would be cancelled across the country, travel bans enacted, schools closed, and toilet paper hoarded. An image of a bell-shaped curve was branded onto our collective consciousness. We were cautioned we must do our part to #flattenthecurve, lest the exponential surge in the number of people stricken by the illness potentially exceed our healthcare system's capacity to care for them, thus placing us all in even greater jeopardy.

As I write this, only about 6 weeks have passed since the presidential declaration. We had already been practicing proper handwashing and trying to avoid touching our faces. We hunkered down and sheltered-in-place, as best we could. I tried new recipes, based on what was available in the supermarket at the time, observing an imaginary 6-foot bubble around myself and other shoppers. I baked – and ate – a lot of carbs. I even concocted home-made dog treats. We followed the news closely. We seemed more appreciative of frontline healthcare workers. We were also reminded of the importance of sanitation workers, postal workers, food service workers, and the multitude of shipping and distribution workers who package all the stuff we order online and deliver these items to our doorstep. We were more cognizant of the diverse range of people we depend on as a society, but whose contributions we often take for granted.

Facing uncertainty together seemed to augment our innate sense of connectedness and generosity of spirit. That's a heart-warming thought to file in our memory banks. Some might even say the COVID-19 pandemic brought out the best in us. I believe it has – to an extent. The crisis also amplified the fact that, while we were all facing the same pandemic, we were by no means facing the same threat.

Even now, in late April, I cannot seem to equitably summon the range of thoughts and feelings I experienced a month ago. Some thoughts – even important ones – do not lend themselves to accurate recall as easily as others. But that's how human memory manifests; it is not a fixed constant. A memory's fidelity to the initial imprint is continuously shaped by our thoughts and feelings each time we try to retrieve the original "file." Every time we remember an event or a moment in time, our brain's neural circuitry reshapes that memory ever-so-slightly, bringing certain images into sharp relief and further reinforcing them with each iteration, like my dog's pawprints in the pollen and my neighbor's flowers. Meanwhile, the jagged edges of other memories start to recede, quietly blurring into the background static. For example, I prefer not to resurrect the nauseating heat rising from my chest and the churning in my stomach when I learned that my sister, a physician employed by a large hospital system, only had two N95 masks for the entire month of March.

I remember dining rooms and kitchen tables being converted into home offices, and many Americans, if they were fortunate

CONTRIBUTOR:
Maycie Elchoufi, MD

To learn more about Maycie, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

MIND THE GAP: THE GHOST OF COVID FUTURE

enough to still have a paycheck, would find themselves working from home… unless they were "essential." Essential workers did not have the luxury of being able to work from home, and often did not even have adequate PPE while they worked in settings where exposure risk was high. This group includes not only front-line healthcare workers, but a host of other individuals upon which our infrastructure depends, many of whom are employed in lower-paying jobs, such as those working in grocery stores, food services, sanitation services, manufacturing, and public transportation, to name just a few.

It would be still be another three weeks, April 8 2020, before the CDC would release a report summarizing hospital data from 14 states, tracking not only disease prevalence and severity, but also describing characteristics of individuals hospitalized with COVID-19, including age, gender, medical comorbidities and ethnographic data. Although the data set was limited, the report would serve to rip the Band-Aid from our collective conscience. We would be reminded, yet again, of our societal inequities and the fundamental importance of social determinants of health (SDOH), which are described by Healthy People 2020 as "conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks".

The CDC report showed that hospitalizations were highest among people 65 and older. African Americans made up about 18% of those studied yet accounted for about one-third of all severe cases. Data collected throughout our country echoed disturbing patterns related to COVID-19, for example:

- In Louisiana, African Americans comprise about a third of the population but account for 70% of deaths.
- In Michigan, African Americans account for about 14% of the population but 40% of deaths.
- In Wisconsin African Americans represent about 7% of the population but 33% of deaths.
- In New York, African Americans were twice as likely to die as whites.

About 90% percent of people hospitalized with COVID-19 had at least one underlying health condition, such as high blood pressure, obesity, chronic lung disease, diabetes and heart disease – diseases which disproportionately affect minority and lower socioeconomic groups – again underscoring the importance of SDOH.

Notwithstanding the confounding variables that one might invoke to moderate the significance of societal inequities on the prevalence and severity of COVID in certain groups (e.g., population density, personal choice, heterogeneity of gene expression, such as the ACE receptor on lung cells, etc.), the fact remains that none of these variables negate the fact that the scaffolding upon which good health is built is far more attainable for some groups relative to others. Healthy food, clean air, safe outdoor space, access to quality education, healthcare, housing, employment opportunities, and meaningful inclusion – these are foundational to our overall health and well-being.

In addition to shouldering a disproportionate degree of chronic disease burden, members of certain groups are also subject to greater risk of exposure to the virus for several reasons, such as being more likely to have jobs which are both essential and lower-paying. They are often reliant on public transportation to travel to work, which introduces recurring risk of exposure and infection. Members of these communities, in which we have historically failed to equitably invest resources, are also less likely to be able to access healthcare if they do become ill. They are less likely to have adequate health insurance or sick leave to recuperate.

Systemic inequities impairing one's opportunity to attain optimal health affects many groups, including individuals with disabilities, our elderly, people living in multifamily and multigenerational housing, our homeless population, the African American, Latino, Native American, immigrant, and LGBTQ communities, and others. The list seems endless and overwhelming.

However, as overwhelming as it may be to think about, I can only imagine what it might feel like to experience some of these inequities first-hand. It's easier to not imagine it at all. It's easier to sympathize rather than empathize. I am not certain who to credit for this version of the following quote, but I think it captures the essence of our COVID-19 era: "*We are all in the same storm, but we are not all in the same boat*."

The coronavirus pandemic has unmasked and amplified our nation's glaring health inequities and its deep-rooted disparities, as have other health crises before it. The pandemic presents us with a reminder that we're all in this together, and gives us a chance to do better. But we have been presented with this opportunity countless times previously: H1N1, hurricane Katrina, AIDS, etc.

What lessons do we remember from the past? More importantly, what do we choose to remember? And what memories do we choose to "flatten"? What values do we choose to act upon in a meaningful and consistent manner? Will the COVID-19 pandemic be our galvanizing moment? Or will our most prominent memory be the day we learned that toilet paper was more valuable than crude oil?

For now, I am encouraged to see that many of us – including individual citizens, governing bodies, community agencies and various businesses – are actively working together on relief and recovery efforts related to COVID-19. Pharmaceutical companies, medical researchers, the biotech industry, and other groups are collaborating to develop vaccines and treatments. I am genuinely heartened that social determinants of health are increasingly recognized as foundational to these efforts and to the well-being of our society as a whole.

However, by the time anyone reads this, three months will have passed. The explosion of springtime allergens will have been replaced by fireworks in celebration of our nation's independence. We have indeed come a long way in acknowledging some of the inequities which have been unmasked by COVID-19, but we have a great deal of work left to do. This work will be difficult and unsettling at times. We cannot predict what might happen in the future, but we can choose to be informed by patterns we have previously experienced. Unanticipated challenges arise. Priorities get reshuffled. Life happens. The world moves on. Memories are remodeled, and the mind tries to tweak uncomfortable truths into more palatable options. Commitment sometimes yields to convenience. This is to be expected. But we always have a choice.

I am writing this account to serve as a reminder to myself as much as a message to anyone who may be reading this in the future. Let us hold the lessons we've learned and the commitments we've made close to heart and clear in sight. Let's be intentional about what we choose to remember, and let's make it matter. Too many lives have been lost for us to accept selective amnesia.

Contact Maycie at:
MaycieElchoufi@gmail.com

CONTRIBUTOR:
Maycie Elchoufi, MD

To learn more about Maycie, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

CYBER VITALS: PLANNING FOR MEDICAL DEVICE SECURITY IN 2025 WHILE SURVIVING 2020

Over the last decade, technology has played a central role in advancing quality of care, creating new delivery mediums, and changing access for patients, in large part due to the development of 'connected' medical devices. The less discussed shift that has occurred is viewing cyber-security as a HIPAA compliance requirement instead of a patient safety enabler. But how can one think about cybersecurity during a global pandemic? If we have learned anything so far, it's healthcare's exemplary ability to 'become remote' during a crisis. Perhaps this is indicative of a capability for agility that many may have doubted but which could be applied to implementing better healthcare cybersecurity practices across the value chain.

LOCATION OF CARE DELIVERY

The average hospital bed has 10-15 devices connected to it. The American Hospital Association estimates there were about 900,000 hospital beds in 2019, which means there are at least 9,000,000 devices inside U.S. hospitals.

These unprecedented times have seen a shift in care beyond healthcare delivery organizations (HDOs) allowing practitioners to triage patients rapidly and effectively. These changes have been great for patients and providers, enabling safe monitoring of patients even when they're not in the HDO. But it also means more than ever, connected devices operate outside of the secured and monitored HDO network, while sending data back to providers within the HDO network. The introduction of these connection points also serves as the introduction of additional cybersecurity threat vectors.

SHIFT FROM VIEWING CYBERSECURITY AS A HIPAA CONCERN TO A PATIENT SAFETY ENABLER

Frequently felt as the regulatory burden for HDOs, device vendors, and clinicians, HIPAA has had an indelible impact on our healthcare system. An average of 35 HIPAA violation complaints are made on a daily basis, with estimates that 59% of the U.S. population has had its health records breached/exposed. Since the compliance date of April 2003, the challenge of meeting the HIPAA privacy rule has persisted. COVID-19 has introduced a perceived relaxation of cybersecurity requirements in the form of the Office of Civil Rights waivers "pausing" HIPAA enforcement, but, if anything, the securing of healthcare data has become even more critical for the collective good.

Beyond the commonly cited identity theft and financial exploitation as a result of a HIPAA breach, a 0.04% increase in mortality rates was observed for patients in facilities with a historic breach, even in scenarios where an HDO restored operations and enhanced security controls after a cyberattack. Since emergency healthcare centers being built in response to the pandemic have already been victims of cyberattacks before opening their doors, perhaps it's fortuitous the demand for beds has not warranted using these facilities yet? However, according to Chris Sherman from Forrester Research, there have already been two U.S. hospitals that have been attacked via virtual care systems.

The expansion of connected medical devices increases the scope of HIPAA management, while also introducing patient safety considerations. Imagine a glucose meter is manipulated and the attached insulin pump provides an injection that a patient doesn't need. Or a critical calculation in radiation therapy is manipulated. Even the TV show Homeland portrayed a pacemaker vulnerability exploited in an assassination.

While a good Hollywood tale, the personalization of a cybersecurity attack is not what most are worried about, but instead using a vulnerability as an entry point for gaining control of an HDO and distributing ransomware. This was seen during the WannaCry 2017 attack on the United Kingdom's National Health System, which forced the system to revert to pencil and paper, reschedule elective procedures, and re-route patients with emergent needs. While this demonstrates a well-executed disaster plan, it is estimated to have cost $72M £, locked 200,000 computers, and required 19,000 patient appointments to be rescheduled over the course of 7 days.

No deaths have been attributed to the attack, but research documents a 13.3% higher mortality rate for patients experiencing a cardiac arrest who received a delay in care of four minutes. When applying this finding to a delay in care due to a network takeover by hackers, one can imagine an increase in mortality rates far greater.

REGULATORY REQUIREMENTS - TODAY AND LOOKING FORWARD

It is obvious the FDA is involved in assessing the clinical functionality of devices, but perhaps less known is the FDA's regulatory oversight of the cybersecurity requirements for medical devices.

Issuing their first guidance document in January 2005, the FDA has actively worked to build a collaborative community - including clinicians, hackers, device manufactures, and HDOs. Most recently the PreMarket and PostMarket Management of Cybersecurity in Medical Device documents have created a clear roadmap and goals for the industry to work towards.

CONTRIBUTOR:
Vidya Murthy, WEMBA'42

To learn more about Vidya, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

CYBER VITALS: PLANNING FOR MEDICAL DEVICE SECURITY IN 2025 WHILE SURVIVING 2020

PreMarket Guidance
While this guidance is noted to still be in draft mode since it was released in October 2018, there are a few areas of focus it will endorse once finalized (expected sometime in 2020):

- Devices should make extensive use of encryption to keep data private.
- Digital signatures should be used to verify authenticity of devices, data, and instructions.
- Devices should be designed in a way that anticipates regular, routine cybersecurity patches.
- User authentication needs to be secure and robust.
- Devices should be able to alert users when a cybersecurity breach occurs.

PostMarket Guidance
Released in 2016, this guidance includes a combination of process and procedural requirements for both medical device manufacturers (MDMs) and HDOs, mainly the following:

- Understanding, assessing and monitoring vulnerabilities and risks
- Robust software lifecycle processes that include having a process for ongoing updates and patches
- Threat modeling cybersecurity risks around a medical device
- Participating in a coordinated vulnerability disclosure policy

These guidance documents confirm the FDA has expectations that MDMs and HDOs will collaborate to build a more robust security ecosystem. The pandemic has not diminished the FDA's expectation that connected devices demonstrate cybersecurity features have been engineered into the device.

The rapid deployment of telehealth, field hospitals, remote connected devices, and entire health systems administration 'going remote' has expanded the landscape which threat actors have just as quickly developed methods to exploit. If anything, the introduction of legacy ventilators to treat COVID-19 patients has shown how far device manufacturers have come, while also highlighting there is still a lot of work to be done.

SETTING THE GROUNDWORK TODAY FOR SUCCESS TOMORROW

With COVID-19 bringing into focus the importance of disaster planning and remote capabilities, it is a foregone conclusion the threat landscape will keep growing. Moving to more remote functionality to sustain business operations introduces new technology, practices, and threats. Unfortunately, the pace of transitioning to remote working means prioritizing security can be difficult, but there are tangible changes that can be made today.

- Medical device cybersecurity requires technical and procedural actions by multiple parts of the ecosystem. Instead of reinventing the wheel, leverage already available tools as part of an overall strategy that will create scalable and sustainable security.
- For products under development, the importance of medical devices being designed in a manner that is compliant with cybersecurity requirements is self-evident. Without these requirements being demonstrated, devices will not receive regulatory blessing.
- Devices that are on the market and still supported by device vendors will gain the confidence of providers and practitioners by demonstrating a commitment to updating devices for evolving cybersecurity requirements.
- Key public and private stakeholders, including HDOs, medical device vendors, federal agencies, and healthcare IT vendors collaborated to create the Joint Security Plan, a product lifecycle reference guide to unite the community on best practices.

If your company is implementing new remote practices, think about whether it's still 'new enough' that proactive security can somehow be fit into the scenario. This means thinking about where data is generated, how it's shared and stored, and what people are using the data for.

COVID-19 has transformed healthcare. With some intentionality around how medical devices will operate in the current environment, we can lay the groundwork to have a collectively more secure ecosystem in the future.

Contact Vidya at: vidya@medcrypt.com

CONTRIBUTOR:
Vidya Murthy, WEMBA'42

To learn more about Vidya, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

COVID-19: THE INVISIBLE IMPACT OF AN INVISIBLE THREAT

"One day you will tell your story of how you overcame what you went through, and it will be someone else's survival guide."
~ Lene Andersen

At the time this article is being published, the number of confirmed COVID-19 cases across the globe is greater than almost 13 million people, and the number of deaths is well over 550,000. Over the past several months, the U.S. has typically represented 1/3 of the world's cases and 1/3 of its deaths.

COVID-19 will impact everyone sooner or later, in ways that are simply inconvenient for some and completely life-changing for many others. No one will go unscathed.

COVID-19 has taken a toll on physical health and has taken lives. Those are the visible signs of its presence. But what about its many invisible impacts?

The novel coronavirus spreads quickly, unseen by the human eye and not physically perceived in 40 – 60% of individuals who are infected. Those very facts serve as the starting point of the cascading ripple effect that may be manifest in the insidious way it can enter our lives. How do you combat a threat you can't see and may not feel?

ENDANGERING OUR EMOTIONAL HEALTH AND WELL-BEING

COVID-19 has had a devastating impact on emotional health and well-being, and, in some cases, has exacerbated the conditions of those suffering from mental health disorders. Recent reports and knowledge gained following outbreaks like Ebola tell us:

- 1 in 5 children in Wuhan show signs of depression and anxiety.
- A *JAMA* article in which listening sessions were held with groups of physicians, nurses, advanced practice clinicians, residents, and fellows revealed 8 areas which consistently triggered anxiety in these healthcare professionals:
    1. access to appropriate PPE (personal protective equipment)
    2. exposure to COVID-19 at work and taking the infection home to their family
    3. suboptimal access to testing if they develop COVID-19 symptoms and concomitant fear of propagating infection at work
    4. uncertainty regarding whether or not their organization will support/care for their personal and family needs if they develop infection
    5. access to childcare during increased work hours and school closures
    6. support for other personal and family needs as work hours and demands increase (food, hydration, lodging, transportation)
    7. being able to provide competent medical care if deployed to a new area (for example, non-intensive care unit healthcare workers having to function in the intensive care unit)
    8. lack of access to up-to-date information and communication
- Compassion fatigue, also known as vicarious or secondary trauma, is on the rise. The emotional distress or apathy

resulting from the constant demands of caring for others and witnessing pain, suffering, and trauma is a natural response which represents the high price many pay emotionally by virtue of doing their jobs.

- "Moral injury" has entered the lexicon of medical professionals perhaps more intensely than ever before. Moral injury is a term first coined in 2009 by Brett Litz at Boston University and described as the profound psychological distress that comes from "morally injurious events, such as perpetrating, failing to prevent, or bearing witness to acts that transgress (one's own) deeply held moral beliefs and expectations."
- Past meta-analyses have shown that up to 24% of patients discharged from a hospital stay that included time in the ICU developed PTSD. PTSD has been noted in 96% (!) of those hospitalized with COVID-19 infections in Wuhan, China.
- Healthcare workers are at risk for the development of acute stress disorder, a condition which converts to a diagnosis of PTSD if symptoms last longer than a month.
- For those with addictions, relapse is a very real possibility.
- More than 50 million Americans are now unemployed, many of whom who are medically uninsured or underinsured, do not qualify for unemployment benefits, are now food insecure, and have no financial reserves. And it is too early to know how many of those jobs will not return at all. They are subject to the mental health impacts identified by the study of past recessions – feelings of uselessness and hopelessness and increased rates of suicide. During the 2007 - 2009 recession, there was a 1% increase in suicide for every 1% increase in unemployment in the United States.
- The Crisis Text Line is a free, around-the-clock resource for frontline workers struggling with anxiety, stress, fear, and isolation during the COVID-19 pandemic. It has noted that 78% of frontline workers report intense anxiety, and mentions of sexual assault and emotional abuse are 25% higher in settings of quarantine. And outreach from Asian-Americans has doubled, with texters reporting issues with bullying, harassment, and depression.

CONTRIBUTOR:
Z. Colette Edwards, WG'84, MD'85

To learn more about Colette, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

COVID-19: THE INVISIBLE IMPACT OF AN INVISIBLE THREAT

EXACERBATING PRE-EXISTING CHALLENGES

Sales of alcoholic beverages have surged as people self-medicate to relieve feelings of anxiety and fear. A spike in suicides is anticipated, and physicians already had a higher rate of suicide than the general population before the arrival of COVID-19.

Social distancing and stay-at-home measures have proven to be key to prevention and mitigation of exposure risk and spread of COVID-19. Just when one could argue we need each other more than ever, social isolation has literally become a survival technique.

The impact of social isolation and loneliness, particularly in older adults, was well documented long before the onset of the pandemic. According to the American Psychological Association and an analysis by Julianne Holt-Lunstad, PhD, a professor of psychology and neuroscience at Brigham Young University, the health risks of social isolation and loneliness are (1) as high as smoking 15 cigarettes a day or having alcohol use disorder and (2) twice as harmful to physical and mental health as obesity.

In the U.S. alone, 6 in 10 people suffer from a chronic condition, and 4 in 10 suffer from two or more chronic diseases. Individuals with underlying chronic diseases are generally at higher risk for a condition like depression. And conversely, those with depression are at greater risk of developing a chronic condition. Just think about the perfect storm brewing as a

result of COVID-19, when those with chronic conditions have been shown to be at higher risk of severe complications and death if they become infected.

Communities of color often suffer a greater burden of chronic disease and live knowing they are at much greater risk of severe complications and death should they become infected with the novel coronavirus. The disparities in health, wealth, and social justice have left many in an even more vulnerable position than existed pre-COVID.

And the greater representation of people of color in low-paying jobs deemed essential and in densely populated locales means the risk of exposure to COVID-19 is high each and every workday. Often not provided with the type of PPE needed to protect and maintain safety and knowing 40-60% of those infected are asymptomatic, many of these frontline workers face well-founded fear and anxiety that can lead to long-term psychic trauma.

"Where there is anger, there is always pain underneath."~ Eckhart Tolle

And, finally, reports of the daily brutality against black (especially male) and brown people and recent events like the murders of George Floyd, Breonna Taylor (herself an EMT), David McAtee, Elijah McClain, Rayshard Brooks and Ahmaud Arbery have triggered turmoil and a wide range of emotions – fear, horror, disbelief, grief, heartbreak, anger, resentment, rage, an ignited sense of purpose and a reactivated commitment to action. For some, eyes have been opened, and for others over whelming physical and emotional exhaustion has set in.

This pandemic of yet another sort – man's inhumanity to man - adds yet one more stressor that traumatizes its victims, their families, and society as a whole. And given the protests of millions across the globe, the impact extends far beyond U.S. borders.

GRIEF AND MOURNING

The novel coronavirus has made grief and mourning experienced simultaneously by millions across the globe a commonplace fact of life. From the loss of daily routines and rituals to furloughs and unemployment which lead to the loss of financial and food security, from the loss of physical health and well-being to the loss of a business, from the loss of childhood

innocence to the loss of physical connection with friends, grief runs deep and wide.

And the death of a family member, friend, or colleague has been made even more tragic by the inability to be by their side and knowing they died alone, perhaps scared and suffering to the very end. And for those whose loved ones had dementia and may have felt abandoned, the heartbreak is wrenching.

The anguish and grief then extends to the loss of the closure and comfort that might have come from the rituals of loss – whether a wake, funeral, burial, and repast, sitting shiva with family and friends, or an in-person memorial service, to name a few. Our lives have been robbed in a very visceral way. An increase in the rate of complicated grief can be anticipated. And sorrow may become a constant companion.

CONTRIBUTOR:
Z. Colette Edwards, WG'84, MD'85

To learn more about Colette, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

COVID-19: THE INVISIBLE IMPACT OF AN INVISIBLE THREAT

WHAT'S COMING?

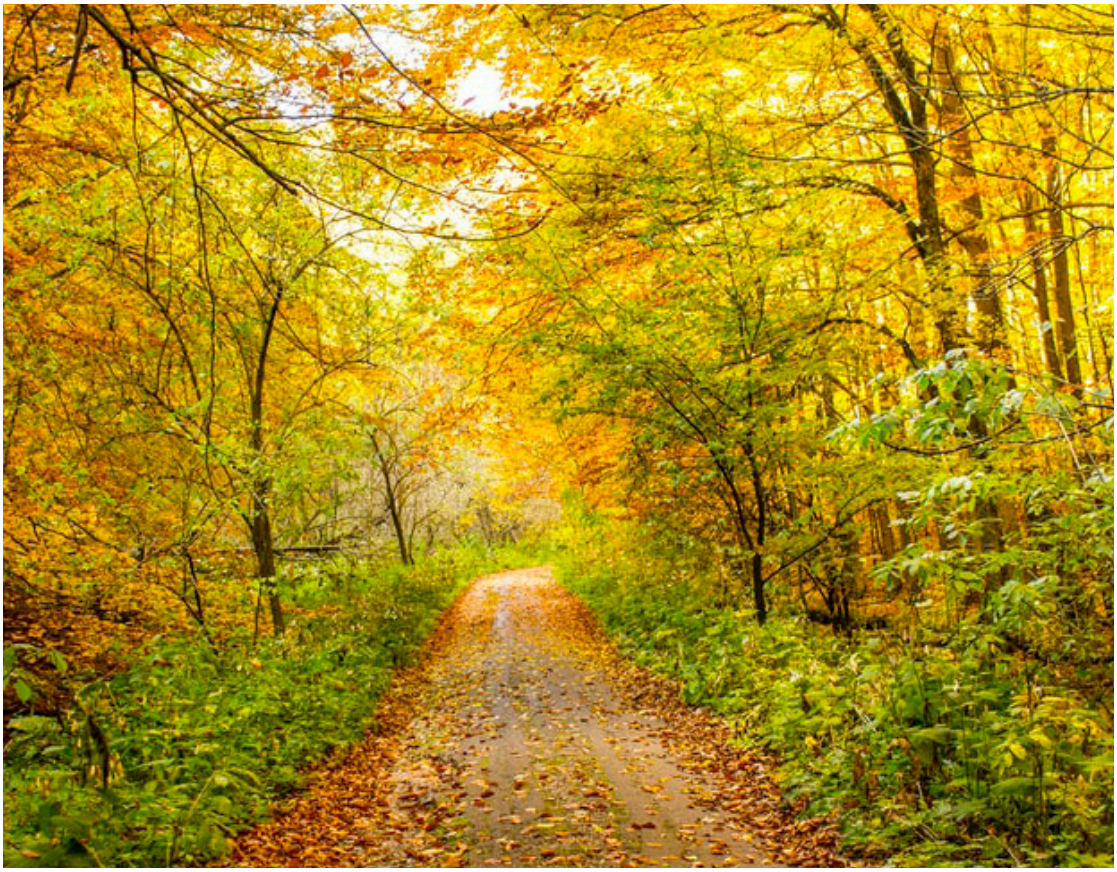
At least for now, no one can tell us how long we will be living with COVID-19. And some scientists say, even with the eventual development of a vaccine, the novel coronavirus may be an inescapable recurring visitor, like the flu……. only more contagious and more lethal.

Dr. Anthony Fauci, Director of the NIH's National Institute of Allergy and Infectious Diseases and previously a key clinical member of the White House Coronavirus Task Force, has predicted a high likelihood of COVID-19 surging again in the fall. Recent surges that surpass the heights of coronavirus cases in April mean we may still be in the midst of gaining control of the first wave before an expected second wave hits.

There is significant concern in the medical community about what will unfold with the upcoming flu season starting at the same time the number of individuals infected with COVID-19 is expected to swell again. According to the CDC, last year's flu vaccine was 45% effective, and the 2019-2020 flu season resulted in an estimated 32 million cases of influenza-like illnesses, 310,000 hospitalizations, and 18,000 deaths. To further complicate an already overwhelmingly complex picture, there is now word of an emerging flu virus, G4, found in pigs in China that has the potential to become a pandemic. It bears a resemblance to H1N1, and current seasonal flu vaccines aren't likely to provide any protection.

That means no respite for healthcare workers and caregivers, ongoing uncertainty, and perhaps even greater volatility in the guidelines we are to follow to protect ourselves and each other.

What lies ahead is unclear. Although a national plan for a 3-stage reopening of the economy has been released, the current reality is an ongoing insufficient supply of PPE for healthcare workers, a rate of testing that is often frighteningly lower than



what scientists tell us we need to gain control of the virus, and a patchwork of pandemic responses, with some states that never shut down and others still under stay-at-home orders with requirements to wear masks in public.

And recent data analysis performed after all 50 states have reopened to varying degrees (most not meeting White House/CDC criteria) indicates a rolling wave of spikes of COVID-19 infections, hospitalizations, and deaths 2 – 3 weeks after "reentry" begins.

TAKE A JOURNEY OF KNOWLEDGE AND PREPARATION

Being vigilant and taking action means less stress and a greater sense of control. Recognizing that it is OK to not be OK in a world that has been turned upside down can be liberating. That acknowledgment can help summon the courage to feel your feelings and seek help when you need it. Educating yourself and knowing that your path to emotional well-being may be circuitous and rocky at times will empower you.

Taking a journey of knowledge and preparation can serve as a stepping stone to the resilience that can make living your life easier, even in the face of a pandemic trifecta – COVID-19, emotional distress/mental health disorders, and man's inhumanity to man.

Contact Colette at:
colette@accessinsightmd.com

CONTRIBUTOR:
Z. Colette Edwards, WG'84, MD'85

To learn more about Colette, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

THE POWER OF INTEGRATED LEADERSHIP

Imagine, if you will, a world in which each of us comes into our full integrated selves, where we see each other in our full humanity, and we each possess deeper levels of compassion for ourselves and everyone around us. Consider what this would do to our relationships, workplaces, governments, and society when we begin to reimagine the systems and structures that have been built upon only half the equation based exclusively on a masculine model.

Before we can transform our world, we need to understand this vision will require each of us to walk an integrated journey into our wholeness and deeper humanity. This can be a frightening endeavor, as it asks us to be courageous, to look at the shadow side of our being, and to embrace with a deep sense of self-compassion our wholeness.

This is the foundational premise of Integrated Leadership, where we courageously examine and embrace the parts of ourselves that have been suppressed based on messages received from our upbringing, social conditioning, and societal pressures. This is the work where we begin to heal past wounds, understand and embrace the sides of ourselves that we've denied or suppressed, and come into a healthier balance and integration.

What's most needed for us to come into balance is greater compassion, not just dictating behavior change. The key to compassion is each of us doing our own inner healing work before we are able to deepen our level of understanding, kindness, and care for others. Once we walk the path to become more integrated in all dimensions of ourselves, we will begin to walk the path towards a deeper sense of compassion for others.

This deepened sense of compassion opens the door to bridge building conversations where we can overcome difference and elevate voices that have been traditionally voiceless. We can then begin to innovate differently by bringing new and diverse voices into the conversation, which becomes the platform for transforming systems, structures, and cultures in ways that are more conscious, compassionate, and connected. Ultimately, helping teams and organizations perform more seamlessly, innovate more expansively to solve problems differently, and create more meaningful impact.

One dimension of this integration that I observed and experienced in my transition from Wall Street to EILEEN FISHER was the balance of the healthy masculine and feminine at work. EILEEN FISHER is a women's fashion company that fully and unapologetically subscribed to feminine leadership. At the time of my hire, it was achieving double digit growth year after year with gross revenue of nearly ½ billion annually, 4% turnover, and it was honored as a Great Place to Work for 10 years in a row. It was a company that asked you to bring your whole self to work, and the culture allowed for true authenticity in the workplace in practice, not theory. As a company built upon feminine leadership, it wasn't just about having women in senior leadership, it was about changing the business model, the leadership practices, and reimagining the systems and structures through a more balanced lens.

Balancing the masculine and feminine in the workplace was a common conversation in the leadership meetings and across the company. It often revolved around some variation of the following three questions:

- What are the masculine and feminine expressions in the company?
- How do we balance the masculine and feminine for optimal performance?
- How do we ensure that one energy does not dominate or suppress the other?

The expression of the healthy masculine and feminine energies in the company, looked something like this:

THE HEALTHY FEMININE	THE HEALTHY MASCULINE
• Authenticity • Collaboration • Heart-Centered Leadership • Emotional and Creative Expression • Trust in Intuition • Kind and Compassionate Work Culture • Every Voice Heard	• Direct Communication • Sense of Purpose and Vision • Head-Centered Leadership • Clear Strategies and Goals • Results and Action Orientation • Logical and Analytical Frameworks • Constructive Assertiveness

As you'll notice by these qualities and characteristics, this is not about gender, but rather the healthy expressions of each energy. Yet for so many of us, we have been conditioned to equate the masculine energy with men and the feminine energy with women, and we lose sight of the fact these energies are within each of us. This way of thinking also excludes those who identify outside of the gender binary. As the gender rules and roles continue to shift and evolve, the gender distinctions are becoming less pronounced as we begin to see each other as human, beyond gender.

We live in a fractured, out of balance world right now, where most of our institutions and systems have been built around traditional masculine models. It's not that the masculine models are bad or wrong, but they are incomplete. When you consider that women make up 58% of the workforce and only 38% of management positions and, worse yet, 18% of senior leadership positions. We are out of balance. And when you consider that companies with more women in senior leadership outperform those that don't by anywhere from 15 – 35%, we have an opportunity.

It's time we all explore our expectations and assumptions of each other influenced by centuries old conditioning that have kept us boxed in and closed off from our full humanity and each other. In order to begin to create this balance, each of us needs to embrace the idea that we have both energies within us, learn to relax our egos enough to accept a different paradigm, and access the parts of ourselves that we've denied or suppressed. It is this balance of our healthy masculine and feminine that will allow us to begin to create real change in the world by each of us healing from the inside out.

I invite you to take the first step to balance the healthy masculine and feminine, by taking a risk, to uncover, explore, and tap into your own integrated strength. As more of us take this step, we can begin to reimagine a more integrated and balanced world.

Contact Sean at: sean@symponiainc.com

CONTRIBUTOR:
Sean Harvey, MSOD, MSEd

To learn more about Sean, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

HEALTHY HOUSE 2020

We are in a chrysalis moment. The year 2020 has presented us with new and unique challenges. Many of us find ourselves in our homes quarantined to avoid the COVID-19 virus. “Embrace the in between.” These powerful words resonated with us as we began to wonder how embracing such an uncertain time applies to not just our family, but everyone else who is living through the pandemic.

Our homes have become cocoons, transitioning us into a “new normal” way of life. Whether you live in a 1 bedroom apartment or 5 bedroom house, there are solutions in technology and space planning that are both new and tried and true, but may need to be applied in modern and creative ways to meet the current and future needs of our life at home. We identified 5 key areas that can be improved to increase function and safety. These are as follows: Entry, Kitchen, Social Space, Wellness Space and Work/ Learn Space.

HEALTHY HOUSE 2020

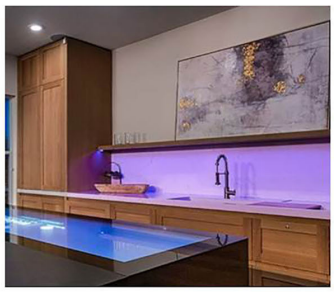
CHRISTIAN RAE STUDIO

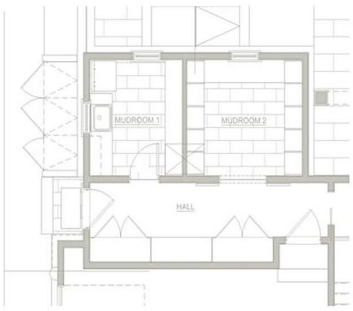
Touchless handwashing

Anti-microbial hardware

UV Light cleansing entry portal

HEALTHY HOUSE 2020
ENTRY SPACES





CHRISTIAN RAE STUDIO

ENTRY

After each precarious venture outside of our quarantined domain, we come home stressed about bringing back an invisible virus. Our goal is to reconceive the high-traffic mudroom and begin to think of the ‘mudroom’ as our entry portal that is complete with sterilizing technology and ultra-violet light scanning. We need a place to change out of our clothes and shoes and wash and examine ourselves and our pets. It sounds daunting but this is the reality! There are some simple ways to upgrade these spaces, like adding a handwashing or pet washing station with touchless faucets that save energy and encourage washing by running the water for 20 seconds per CDC handwashing guidelines or adding antimicrobial hardware to our doors and cabinets that use the natural metal properties to kill bacteria and viruses. Then, there are more advanced solutions like adding a UV sanitizing portal. A ten second pause in the UV light is safe to humans, yet will eliminate 90% of contaminates from viruses and bacteria. Ultra-violet under cabinet lights can help to sanitize the sink basin to reduce cleaning using chemicals and can be used to cleanse incoming packages and groceries if left on the counter for a few minutes under the light.

The sequence of how we move through this entry space needs to be reconsidered as well. Typically, the mudroom is a high-traffic thoroughfare that tends to fill up with personal items. The entry spaces must become their own space rather than part of the circulation throughway. We envision two spaces: one to clean and to sterilize and one for organization and storage. This will allow a family to enter the house, clean up, and then store their items in a safe zone. The intention of these improvements will give family members peace of mind once they enter their home.

KITCHEN

Under quarantine, our family has been cooking 3 meals and preparing snacks and baking each day. We love to gather in our kitchen to cook and clean, but it now takes up much more of our time than ever before. Food storage, preparation, and waste management have become a near scientific process. For safety, we have been instructed to remove superfluous food packaging and store dry goods in containers in the pantry. Luckily, there are options for shopping at zero/low-waste dry goods grocers that make this easier. However, if you don't have this available in your area, you will find yourself re-organizing your pantry with glass and plastic stacking containers, which actually look tidy.

Responsibly discarding this packaging becomes the next step. Having an organized and clean method for trash disposal is critical for proper waste management. Consider building these bins into your kitchen cabinets, if you have the space. If not, there are many space-saving receptacles that allow for single-stream recycling to be separated from landfill waste. Composting is a key component to reducing landfill waste as well. Some cities have organized composting efforts on a grand scale. But you can take matters into your own hands by composting on a smaller scale—wherever you are.

Alongside the regular line-up of kitchen appliances, there are now indoor gardening appliances, which can grow fresh greens like herbs, microgreens, vegetables, and flowers for residences. So, rather than compromising your immune system by running to the grocery store for fresh produce every few days, why not grow some fresh greens right in your own kitchen and boost that immune system!

In order to reduce single-use plastics, you can install a hydro-tap that will provide you with clean, filtered water from the tap - chilled, boiled, and sparkling. You'll be better hydrated than ever before, and we all need that for an instant health benefit!

The pantry is an excellent place to undertake some of these tasks and incorporate these new appliances. Our new pantries will more or less become an extension of the kitchen, while still maintaining the ability to be closed off. We may consider creating a space within the pantry to package and store foods (purchased or home-grown) for longer durations in order to minimize trips to the store.

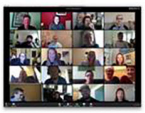
CONTRIBUTOR:
Rachel Calemmo, LC LEED® AP

To learn more about Rachel, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

HEALTHY HOUSE 2020

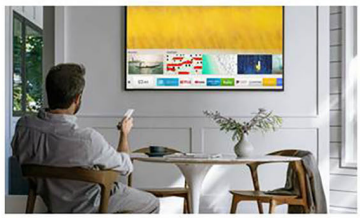


HEALTHY HOUSE 2020
LEARN : WORK

Spaces and technology that supports collaboration in person and on-line

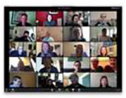
Quiet, organized space for concentration, focus and creativity

CHRISTIAN RAE STUDIO

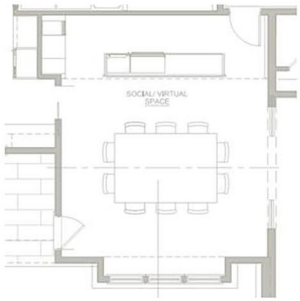


HEALTHY HOUSE 2020
SOCIAL SPACE

Pocket bars or coffee stations for virtual social gatherings



Dining Room / Conference Room with Flexible technology that allows for internet connections to work and family / friends and digital display of photos and art



LED lighting that follows the rhythms of natural daylight cycles to improve overall health, mood and circadian rhythms

CHRISTIAN RAE STUDIO

SOCIAL SPACE

Now that we are "separate together," socializing has an all new meaning. We're reaching out to our communities via Zoom, FaceTime, and other web-based calls. We are utilizing technologies like smart TV screens that can act as art and photo displays when not in active use in our living and dining rooms, but when we need them to become a video conference or impromptu happy hour or extended family dinner, they can accommodate. Having a small pocket cabinet or closet that can be converted into a small dry-bar or coffee station can help make these moments more special if you can spare the area.

LEARN/WORK

Home has become our office and school, and suddenly we find ourselves co-working at all age levels. This creates many challenges, and not all can be solved easily. However, organizing schedules and workspaces is necessary. You will need flexible spaces for gathering and working together as a family or via screens for meetings with clients, co-workers and classroom teachers, but you will also need quiet space for concentration, focus, and creativity.

We should consider smaller offices for each parent rather than one larger, shared home office. Additionally, a well-equipped study space that is separate from the parent's home office is ideal. The goal is to use space as efficiently as possible to provide each family member a private space to conduct work or learn. Locating these spaces in the basement (if you have one) may be a perfect solution to achieving the privacy required.

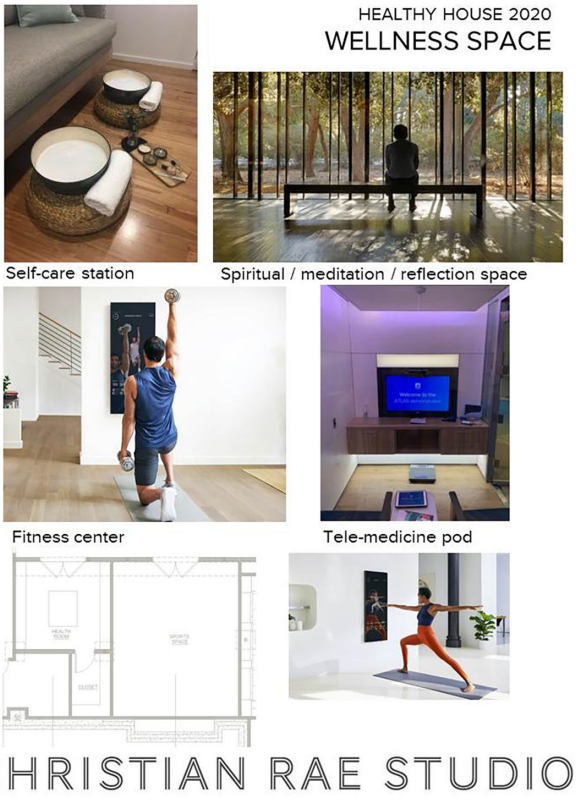
Having an office or learning and play space in a basement presents lighting challenges if there is no access to daylight. Incorporating tunable white lighting into these spaces can help keep you energized, on schedule, and focused. A dynamic LED system of lights can follow the tone and intensity of daylight. This keeps our bodies' circadian rhythms working properly, which leads to better sleep and a productive day (even when we're in loungewear).

WELLNESS

Wellness needs a dedicated space in our homes and in our lives more than ever. We're not going to church, the doctor's office, the gym, or even nail and hair salons. HELP! We still need self-care for our mental and physical well-being. Carving out space for these activities can be difficult, but there are many solutions to finding adequate space to accommodate them. There are now whole fitness centers and virtual trainers that can be accessed from a mirror on the wall.

You don't need to have much space to find inner peace, but having an indoor or outdoor place that can be quietly used for meditation or to access an on-line church service will do.

Set aside an area where you can set up a mani-pedi station or haircutting zone for some much needed, or self-indulgent personal care.



If you should need medical attention, many doctor's offices and hospitals offer telemedicine and digital equipment that will give them the opportunity to diagnose you by video conference.

Lighting in these spaces is critical. You will need bright task light and good facial illumination in high CRI (color rendering index) for grooming and telemedicine (check your Lighting Facts)! However, you may want to bathe the room in a color for a workout or a meditation session. If you can't go to that extent, a wall-box dimmer that is compatible with your light source will do.

The spaces that we have used consistently in the same manner for over the past one hundred years are taking on new meaning. We have only addressed a few interior areas, speaking nothing of the resilience and energy efficiency that architecture must incorporate. However, re-imagining just some of the areas of our homes will help us emerge from the chrysalis ready for the new challenges and opportunities we are facing as we move solidly into the next 20 years. The future is now!

Contact Rachel at:
rachel@christianraestudio.com

CONTRIBUTOR:
Rachel Calemmo, LC
LEED® AP

To learn more about Rachel, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

LEADING IN A VIRTUAL REALITY

The COVID-19 pandemic has stretched the health system in many ways, not the least of which includes shifting the settings in which work gets done. While frontline caregivers may be working in unfamiliar locations, many administrative leaders and others find their new working environment already all too familiar — as often it's their home. Work constrained by physical distancing has forced many of us to turn to videoconferencing technologies. During this uncertain time, we are being pushed to exercise flexibility in countless ways — convening online is just one. We see key questions emerging in this new reality:

- How can we ensure that conversations can be truly generative and productive?
- How can we build on progress made before the pandemic, instead of losing momentum?
- How can we recognize and acknowledge the benefits unique to the virtual environment?
- How can we leverage and strengthen our new skills in flexible adaptation over time?

There is always a risk that technology and tools (the form) overtake the content of a meeting (the function), and now that risk is amplified (Gilmore and Bing 2006). In many organizations, key initiatives like strategic planning have continued, and teams have pivoted to design and support these efforts in the new virtual reality. The task is to both ensure technology does not distract from the substantive issues and objectives at hand and also look for ways the new format might even enhance the work.

Recent work with a client to set a flexible, strategic direction for their future required shifting a pre-planned, in-person retreat to a virtual format, acknowledging that the pandemic could not slow the pace of the needed conversations. It was natural to think about what could be lost by not meeting in person, but we experienced important benefits through the online format.

The virtual retreat focused on scenario planning — imagining the future together as a canvas for the strategic choices the organization would make to shape its future. This exciting work requires intent and focus. Regardless of the retreat format, we remained true to the principles of good design and facilitation. We have learned there is a premium (and frankly a limit) to time spent together online, making advance preparation and post-meeting work even more important. Whether meeting in person or virtually, we provide participants with pre-reading and questions in advance to tap into creativity, build connection across team members, and help to synthesize something new in the retreat itself. We pay attention to the transition from the retreat to "afterwards" with effective follow-through (Gilmore and Bing 2006).

As always, there is power in utilizing different group configurations to catalyze the results you hope to see (Gilmore and Bing 2006). Creating groups that represent microcosms of the organization can generate out-of-the-box ideas for scenarios and increase empathy across participants. Virtual breakout rooms enable this experience and are an excellent tool for changing the landscape to invigorate the conversation.

This virtual reality necessitates greater than usual attentiveness to transitions into and out of the meeting, and to participants' mental states. Fragmented mindshare can impact participants' ability to connect and engage with the meeting's purpose. Being attentive to the ways people enter the virtual gathering can help the group start from a state of focus and mutuality, rather than distraction and separateness. With this in mind, we abbreviated the length of the retreat and divided it into two halves with a lengthy "away-from-the-screen" break. Multiple check-ins throughout the day might seem excessive, but can be critical to ensuring accomplishment of the objectives (CFAR 2006). The post-lunchtime pivot we made reenergized the group in the afternoon.

We made good use of several benefits of virtual gatherings as well:

- Facilitator capabilities — With so many participants' faces in view as "Hollywood Squares," the facilitator can potentially see what's happening with each person at the same time, unlike in person. We began this retreat by noting we would reserve the right to "call" on people. While we rarely do this in person, in the virtual format, it can be useful to invite those hanging back into the conversation, or to moderate when people may be jumping in at the same time (CFAR 2006).
- Leveling the playing field — We have seen that entering a virtual conversation can sometimes be easier than entering an in-person conversation, even considering time and technology delays, and silences and interruptions. There is no one at the "head" of the table, no problem with sightlines. People who are loathe to interrupt others can signal to each other with "hand raising" features that they would like to contribute next.
- Multi-modal communication — We have also seen that, thanks to the chat function, communication can be more fluid in virtual settings. Without interrupting the flow of the primary conversation (voice), participants can share relevant links or ask for clarification via the secondary conversation (chat). Private chat functions are also an avenue to raise questions or take up issues with the facilitator without pausing the flow or creating tension within the meeting. While using chat technologies can be concerning or distracting to some, we are finding them increasingly beneficial and additive.

Through this virtual reality, we have observed one more unexpected benefit: virtual meetings allow colleagues to see one another in new ways. Amanda Hess, critic-at-large for *The New York Times* calls the current phenomenon one of "mutual experience" that "has revealed connections between people that may never have been revealed otherwise" (Rocca 2020). We imagine that when people come back together in person, they will possess a different sense of colleagueship given this sharing.

The pivot to leading virtual meetings and retreats requires intentionality, humility, and continuous learning. We are all in this together, and it can be challenging. However, the potential benefits are manifold, and we hope and predict that some will continue as our working worlds continue to bend and flex in unanticipated ways, changed by this era.

Contact Jennifer at: jtomasik@cfar.com
Contact Carey at: cgallagher@cfar.com
Contact Megan at: mhelzner@cfar.com

For more information on this topic or related materials, contact CFAR at info@cfar.com or 215.320.3200 or visit our website at www.cfar.com.

REFERENCES

- CFAR, "Briefing Note: Options for Engaging Participants in Meetings." 2006.
- Gilmore, TN and Bing D of CFAR. "Tools for Effective Transitions in Large Group Processes." Published in *Bunker and Alban, Large Group Methods: For Community and Organizational Change*. Jossey-Bass, 2006.
- Rocca M. "Background report: What does Zoom reveal about your house?" CBS News, April 19, 2020. https://www.cbsnews.com/video/background-report-what-does-zoom-reveal-about-your-house

CONTRIBUTORS:
Jennifer Tomasik, Carey Gallagher, and Megan Helzner

To learn more about Jennifer, Carey, and Megan, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

WHARTON AROUND THE GLOBE: HELPING IMPROVE ACCESS TO VULNERABLE POPULATIONS IN RURAL INDIA

This past semester, a team of Wharton students from the Wharton Global Health Volunteers (WGHV) had the opportunity to work with Makunda Christian Leprosy and General Hospital, a 190-bed hospital strategically located at the junction of three Indian states: Assam, Tripura, and Mizoram. As a mission and not-for-profit hospital, Makunda believes in providing comprehensive health services to all, especially the vulnerable populations who make up a significant portion of the communities surrounding Makunda.

For Makunda, a "vulnerable" patient is one who runs the risk of falling into acute poverty after paying for healthcare services. Thus, Makunda has developed and refined a process for identifying "socioeconomically vulnerable" patients for whom they provide fully or partially subsidized care. Despite having very little outside funding (e.g., donations) and limited resources, Makunda has been able to successfully deliver charity care to ***all*** of its identified vulnerable patients in a given year and still be profitable. Makunda's unique operating model and mission-driven staff allows it to serve its community in ways that many other healthcare institutions have not been able to achieve.

The overall goal of the team's project was to study Makunda's charity operations and identify opportunities for improvement, as well as document its processes so that healthcare institutions across the world can benefit from learning about Makunda's charity policy.

The project had the following objectives:

- Document, analyze, and assess Makunda's current charity process in its entirety, from the identification of vulnerable patients to the confirmation visits during which a determination is made as to whether or not a patient actually needed charity
- Recommend improvements for Makunda's charity process focusing on the prevention of false positives (patients who receive charity care but do not need it) and on how Makunda can create processes to help scale its charity operations efficiently and effectively as the hospital grows.
- Develop best practice documentation for Makunda to share with other comparable entities externally.

To tackle this project, the team conducted a literature review and interviewed stakeholders at Makunda's peer hospitals to better understand appropriate approaches for identifying vulnerable patients and the charity policies and processes of the other hospitals. Additionally, the team also went to Assam, India and visited Makunda to observe the hospital's operations, charity process, and interview stakeholders involved in the process.

From left to right: Karl Wang (WG '21), Dr. Roshine Koshy, Dr. Vijay Anand Ismavel, Pedro Ossa Guzman (WG '21)

At Makunda, the team was amazed to find a mini-economy. Makunda was not only running a hospital but also a nursing school, primary school, and farm. At the hospital, patients waited in long lines to register, and the waiting room was completely packed daily. The team was awe-struck by how many patients were being serviced in such a low-resource environment and impressed by the dedication and quality of Makunda's staff, who work tirelessly.

In addition to seeing the hospital operations, the team also had the opportunity to visit the patients who had received charity care to understand what it means to be a vulnerable patient. Some of the poorer communities could only be reached by foot, and the majority of houses were two rooms made from clay and wood. For these communities, Makunda is oftentimes the ***only*** functional hospital within hundreds of miles, and patients are willing to travel for hours to get care given Makunda's reputation.

CONTRIBUTOR:
Karl Wang, WG'21

To learn more about Karl, click here.

SUMMER 2020
Volume 9, Number 3

Healthcare Management Alumni Association
The Wharton School
University of Pennsylvania
204 Colonial Penn Center
3641 Locust Walk
Philadelphia, PA 19104
215.898.6861 phone
215.573.2157 fax
www.whartonhealthcare.org

WHARTON AROUND THE GLOBE: HELPING IMPROVE ACCESS TO VULNERABLE POPULATIONS IN RURAL INDIA

Makunda truly sets the standard for being a mission-driven organization. Staff at Makunda could easily earn a better livelihood in other areas of India but choose to serve one of the poorest regions to help the needy. The Wharton team was humbled by seeing how others live their lives and are inspired by how significant the impact Makunda has, even with minimal resources.

The team hopes future Wharton students will continue to have opportunities to work with Makunda, as it is an experience that can be life-changing. Thank you to the alumni who made this opportunity possible with their generosity. The team is grateful for the chance to help mission-driven healthcare organizations improve healthcare access in the developing world.

Contact Karl at: karlwang@wharton.upenn.edu