



# Reaching Beyond COVID: Implications for Surgical Practice

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# What are We Going to Talk About?

- ▶ **Where Did COVID Leave Us?**
- ▶ **Hospitals Have Long COVID**
- ▶ **How Will COVID Crisis Change Medical Practice**
- ▶ **Some Reflections on a Neurosurgical Patient Experience**



# COVID: A Bolt from the Blue



# Family Life During COVID



# Work Life During COVID



# Hospitality During COVID



# Civic Life during COVID



# Hospitals During COVID

# COVID Has Been the Worst Infectious Disease Event in US History

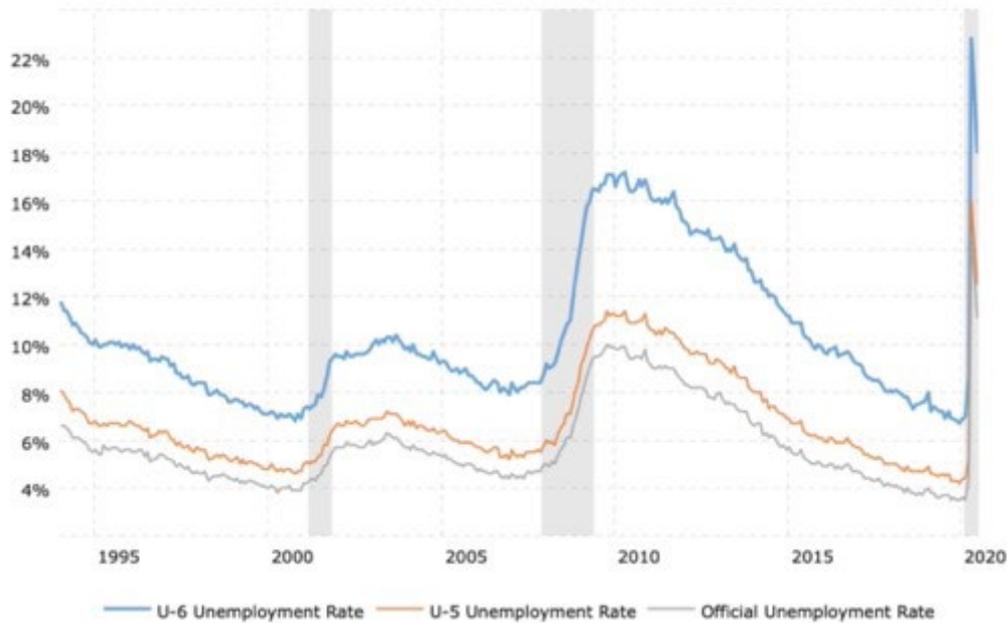
- ▶ According to *The Economist*, We've Lost More than **1.4+ million** Americans to the Pandemic So Far, vs the Million plus “official” death toll
- ▶ Compared to 675 thousand from 1918-19 Spanish Flu Epidemic or more than 700 thousand from the HIV Epidemic
- ▶ More than Twice the Lives Lost in the US Civil War
- ▶ America's Worst Ever Infectious Disease Event
- ▶ From A Viral Infection with a 1.0% Mortality Rate
- ▶ Millions of Survivors with Long COVID

# **Lots of Collateral Damage to Citizenry**

- ▶ **Twenty Percent Increase in Drug Overdoses (to 107k in 2021!)**
- ▶ **Quadrupling of Adults Reporting Serious Mental Health Conditions such as Depression and Acute Anxiety (from 10 to 40%)**
- ▶ **29% Increase in Homicides**
- ▶ **Racial/Ethnic Minorities Disproportionately Damaged**
- ▶ **Heightened Political Polarization**

# Possible Contributing Factors to Severity of US COVID Crisis

- ▶ **Decades of Underinvestment in Public Health**
- ▶ **Flawed Political Leadership**
- ▶ **Grossly Inadequate and Unsafe Long Term Care Sector**
- ▶ **Fumbled Early Deployment of Testing**
- ▶ **Vaccine Hesitancy**
- ▶ **Mistrust of Scientific Expertise and Authority**
- ▶ **Internet Cesspool of Misinformation**

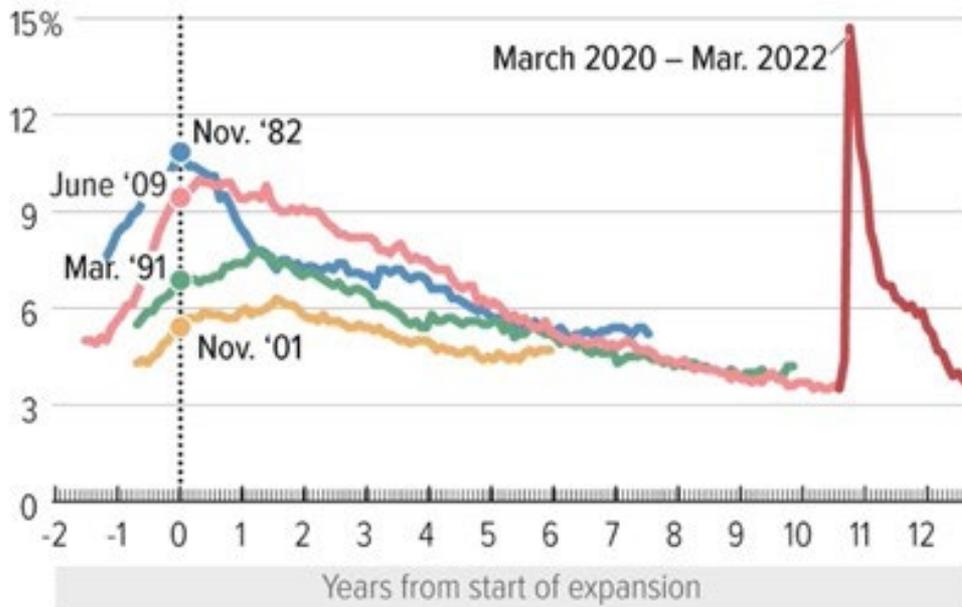


# COVID Caused A “Flash Depression”

Source: US Department of Labor

## Unemployment Fell Slowly in Post-Great Recession Expansion, but Reached Rates Lower Than in 1990s Before Spiking in COVID-19 Recession

Unemployment rates in recent recessions and expansions



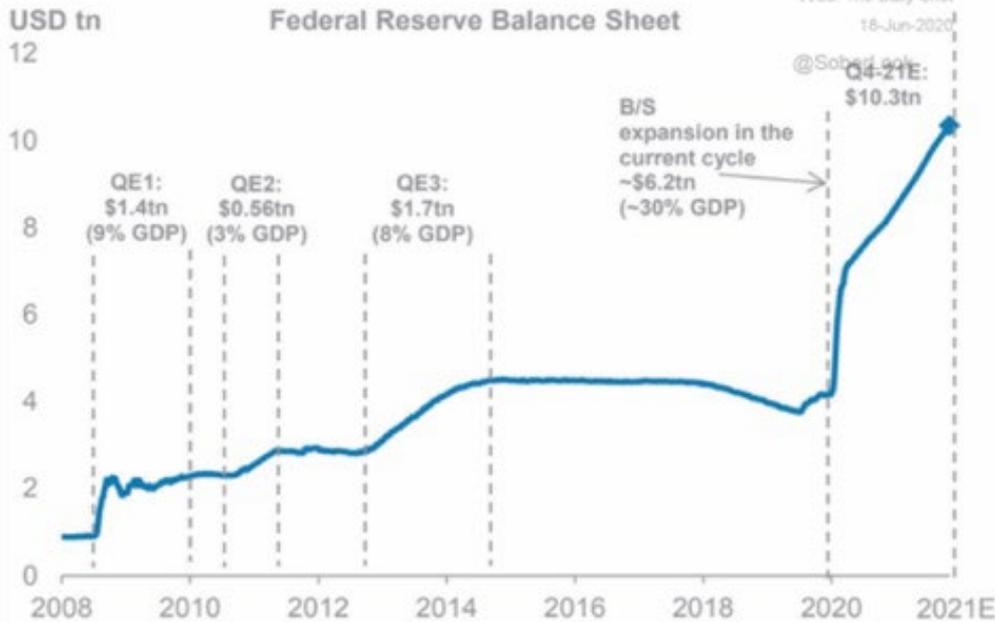
Source: CBPP calculations based on Bureau of Labor Statistics data

# Followed by a Stunning Recovery



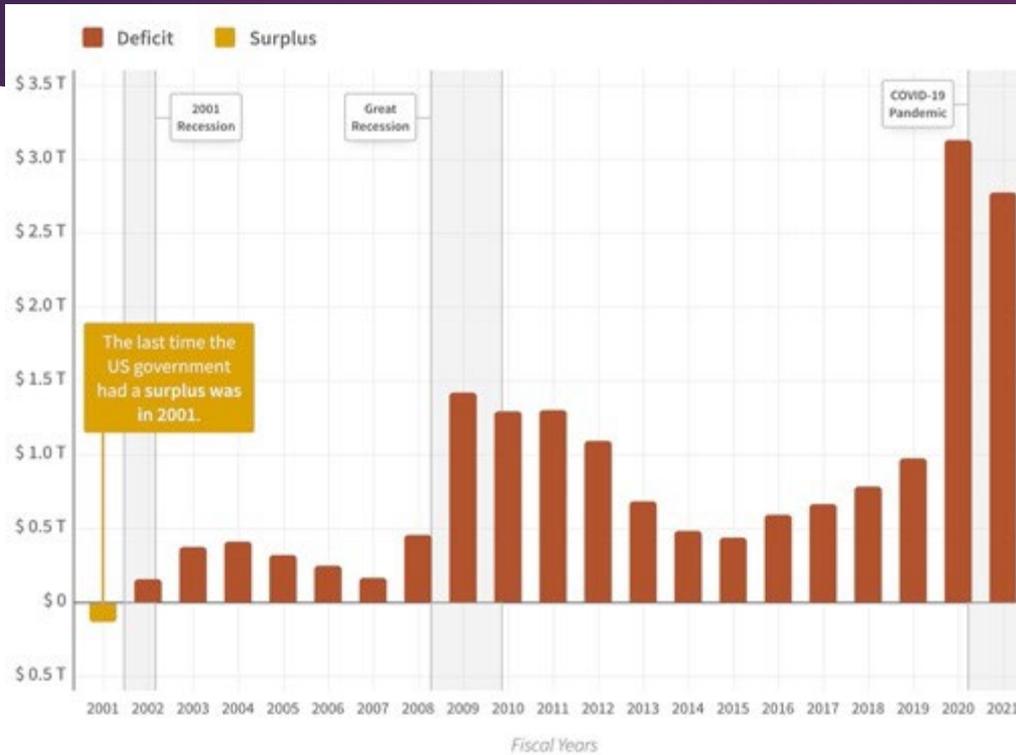
**Cause of  
Stunning  
Recovery  
is No  
Mystery**

In this cycle, the Fed's balance sheet will expand by more than during QE1, 2 and 3 combined



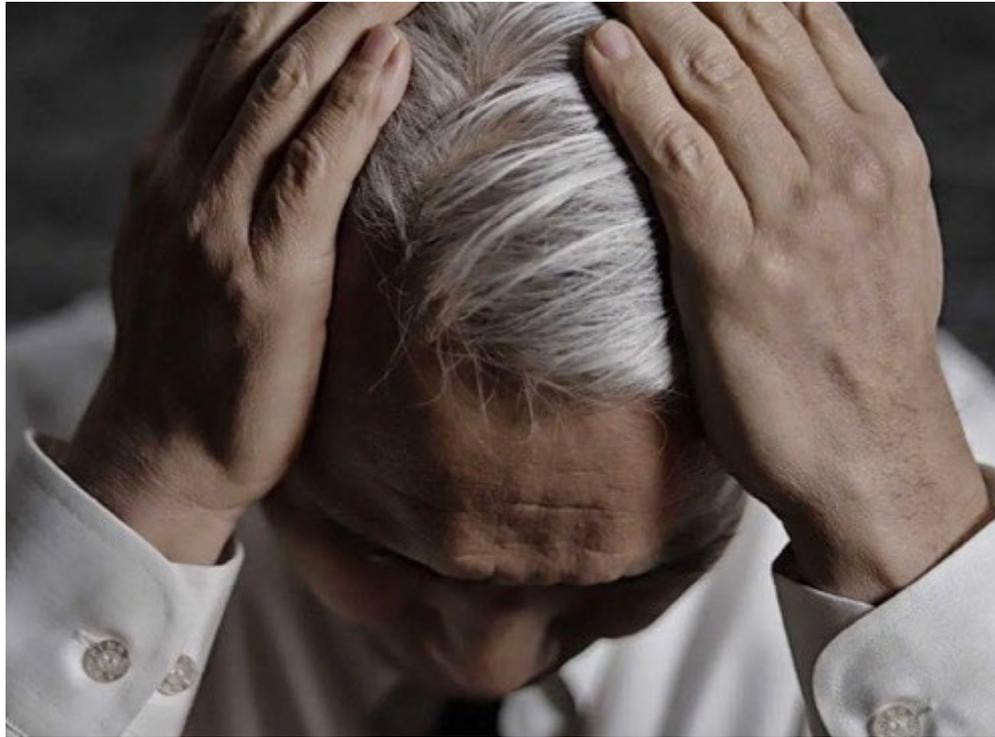
Source: Federal Reserve Board, Morgan Stanley Research

**Federal Reserve Printed More than \$6 Trillion in Record Time**



**And  
Congress  
Shoveled It  
Out the  
Door!**

# Health System has a **TERRIBLE** Case of Long COVID



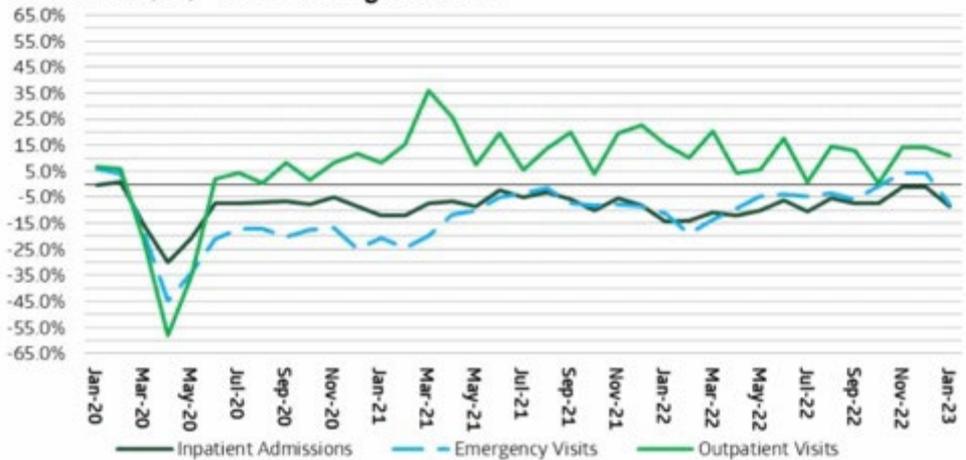


# **2022: Worst Hospital Financial Performance in My Memory**

# Partial List of Health Systems in Financial Difficulty

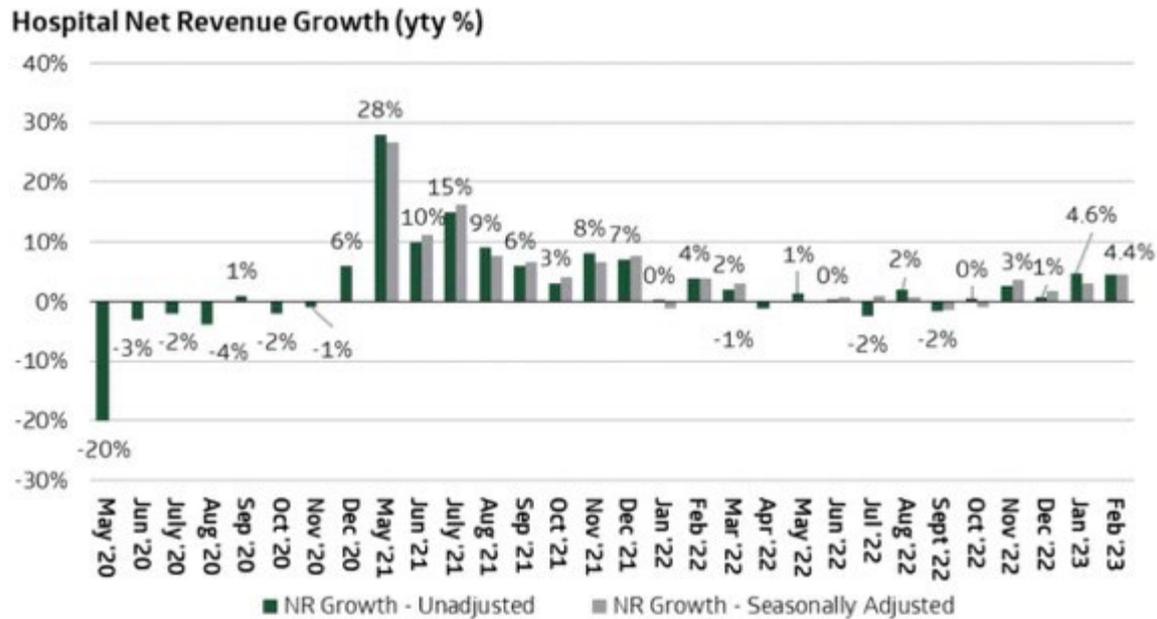
- ▶ **Duke and Emory Health**
- ▶ **Cleveland, Geisinger and Marshfield Clinics**
- ▶ **Ascension, Providence, CommonSpirit, Trinity, Bon Secours  
Mercy, SSM**
- ▶ **Adventist West**
- ▶ **Allina and Fairview, MN**
- ▶ **Prime Healthcare**
- ▶ **Westchester/NY and Main Line/PA**
- ▶ **ProMedica/OH and Catholic Health/NY**
- ▶ **Northern Light/ME**

Nationwide (US) - Volume Changes vs 2019



**Hospital Admissions Still Have Not Recovered (Cowen Feb 23)**

# Dismal Hospital Net Revenue Trend



Source: TD Cowen Hospital Survey, February 2023, [n=312]

# COVID Public Health Emergency Ended April 1

- ▶ **COVID Pandemic Wind-down: Medicaid Eligibility Reset begins April 1**
- ▶ **84 Million Medicaid Beneficiaries (25% of US pop)**
- ▶ **15-18 million will Lose Coverage, perhaps half of whom will be eligible for ACA Exchanges**
- ▶ **20% DRG Add-on for Medicare COVID Patients Also Ends**
- ▶ **There are Still 17 Thousand COVID Inpatients and 2100 in ICUs(!)**
- ▶ **Temporary TeleHealth Flexibilities Extended thru 2024**

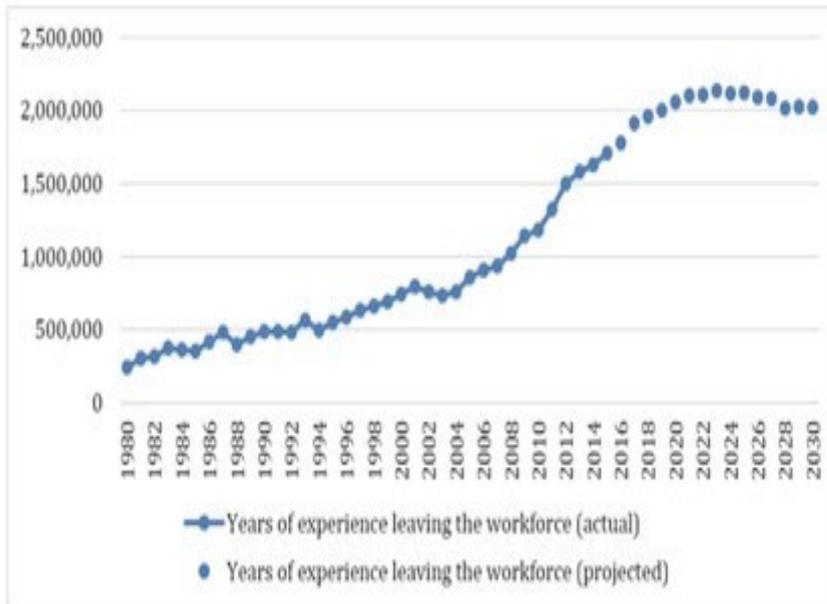
# Today, Every Health System in the US Faces an Acute People Crisis



# **Pandemic Reset Both Demand for Care and Supply of Workers**

- ▶ **Pre-pandemic, Industry Highly Dependent on Baby Boomer Clinicians.**
- ▶ **Pandemic fried Boomer Clinicians and Pushed Them out of Labor Force**
- ▶ **Generous Unemployment and Stimulus Checks paid People Not to Work, and built up \$2.3 trillion “Excess Savings” cushion**
- ▶ **Pandemic also Nuked Child Care options, Forcing Many Clinicians in their Thirties and Forties out of the Labor Force**
- ▶ **Gap filled by ”Traveling” Nurse Agencies and Locum Tenans MD coverage**
- ▶ **Inflation Burning Off Excess savings Burning at \$150 billion a Month**
- ▶ **Hospital Labor Costs Slowly Resetting . . .**

Figure 1. Number of Years of Experience Lost to the Registered Nurse Workforce, 1979-2030



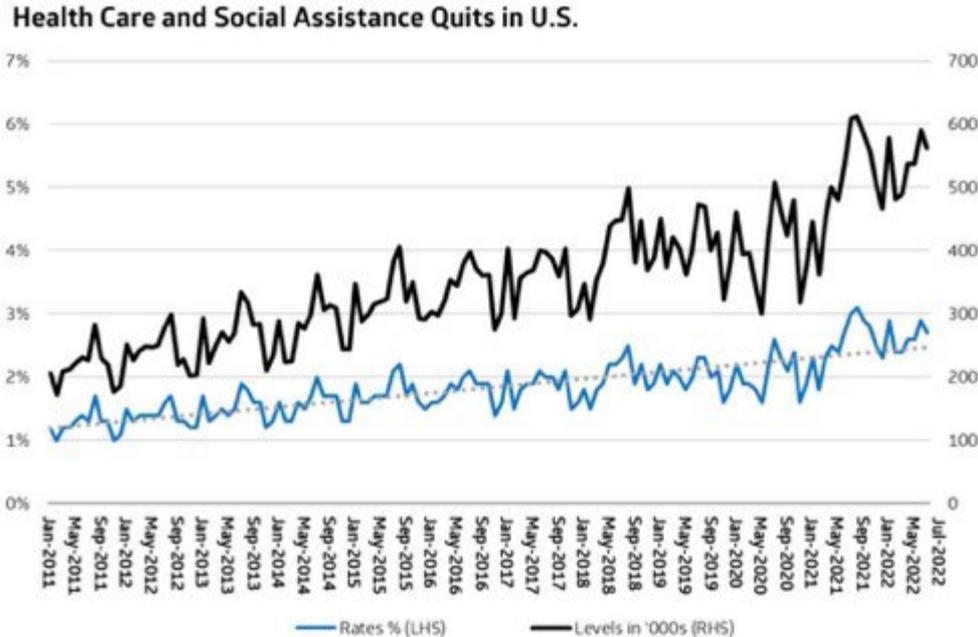
**Health Systems  
Were Highly  
Vulnerable  
Before COVID  
Due to  
Dependence on  
Boomer Nursing  
Workforce**

**Hospital  
Focused  
Specialties  
Were Also  
Boomer  
Intensive- %  
over Age 55**

▶ <b>Anaesthesia</b>	<b>54.5%</b>
▶ <b>CardioVascular Disease</b>	<b>62.8%</b>
▶ <b>Orthopedic Surgery</b>	<b>57.1%</b>
▶ <b>Psychiatry</b>	<b>61.3%</b>
▶ <b>Internal Medicine</b>	<b>45.9%</b>
▶ <b>Gastroenterology</b>	<b>49.5%</b>
▶ <b>General Surgery</b>	<b>47.5%</b>
▶ <b>Neurosurgery</b>	<b>46.3%</b>
▶ <b>Neurology</b>	<b>55.1%</b>

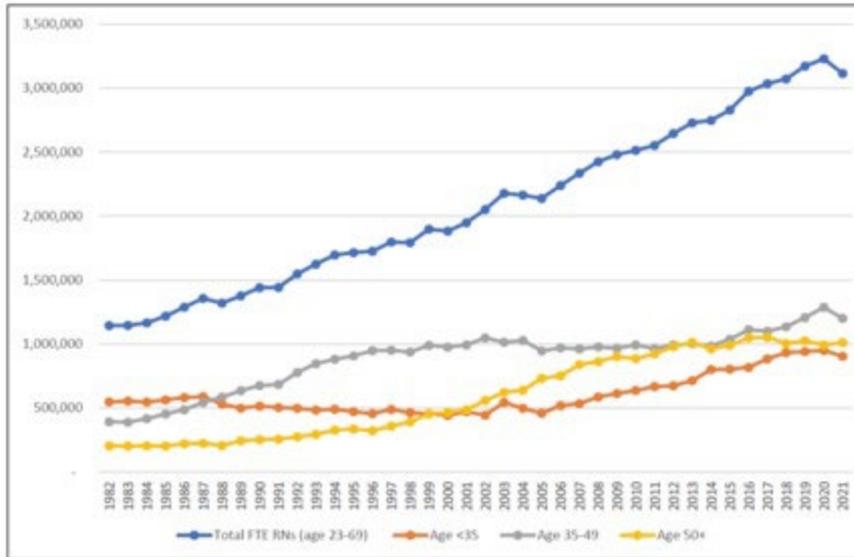
**Source: AAMC 2019**

# Quit Rate for Healthcare Workers *Rose* as We Transited the Pandemic



Source: BLS, Aya Healthcare, Cowen and Company

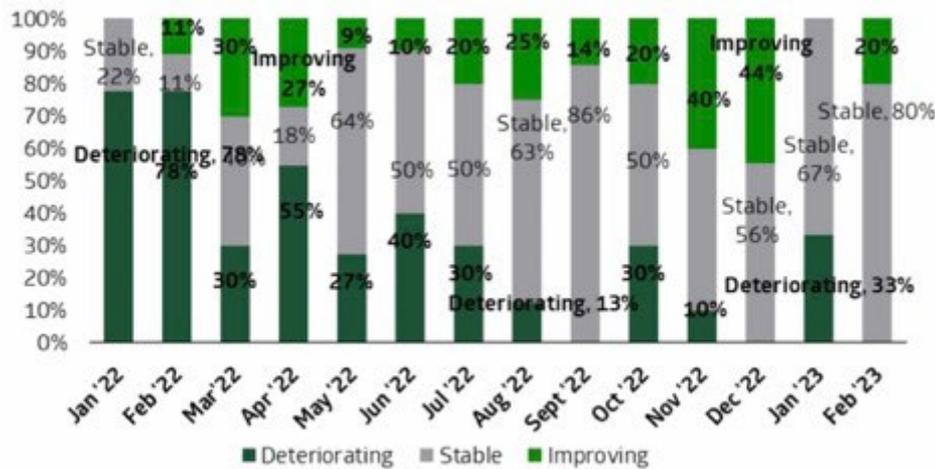
Exhibit 1: Registered nurses ages 23–69 (full-time equivalents), 1982–2021



Source: Authors' calculation of monthly Current Population Survey data, 1982 to 2021. Note: Full-time equivalents are based on a 40-hour work week.

**Surprisingly,  
It Wasn't  
Boomer  
Nurses That  
Left in  
Greatest  
Numbers**

**Describe Sequential Labor Cost Trends**



Source: TD Cowen Hospital Survey, February 2023, [n=312]

# Possible Beginning of Relief on Labor Cost Trend

# Workforce: The Strategic Dilemma

- ▶ **Do you Compete Directly and Exclusively on Wages**
- ▶ **OR**
- ▶ **Do you Have a Broader Strategy which Incorporates Benefits and Career Plans?**
- ▶ **AND**
- ▶ **How Do You Do this AND Markedly Improve Clinical Productivity?**

# What Is It Going to Take?

- ▶ **Flexible Benefits (Four Generations with Profoundly Different Needs)**
- ▶ **Flexible and Predictable Work Scheduling**
- ▶ **Flexible Retirement Options**
- ▶ **Recognition of Workers' Caregiving Responsibilities**
- ▶ **Student Debt Relief/Tuition Assistance for Career Development**
- ▶ **Career Ladders/Trajectories**
- ▶ ***Far* More Effective Mental Health Policies/Support**

# The Money Question Re: Overlake Future Workforce??





**Why  
Should  
They  
Work for  
You?**

# A Lot of the “Shortage” of Clinical Workers was Self-Inflicted



# Healthcare- The Only Segment of the US Economy Where Productivity Declined as it “Automated”



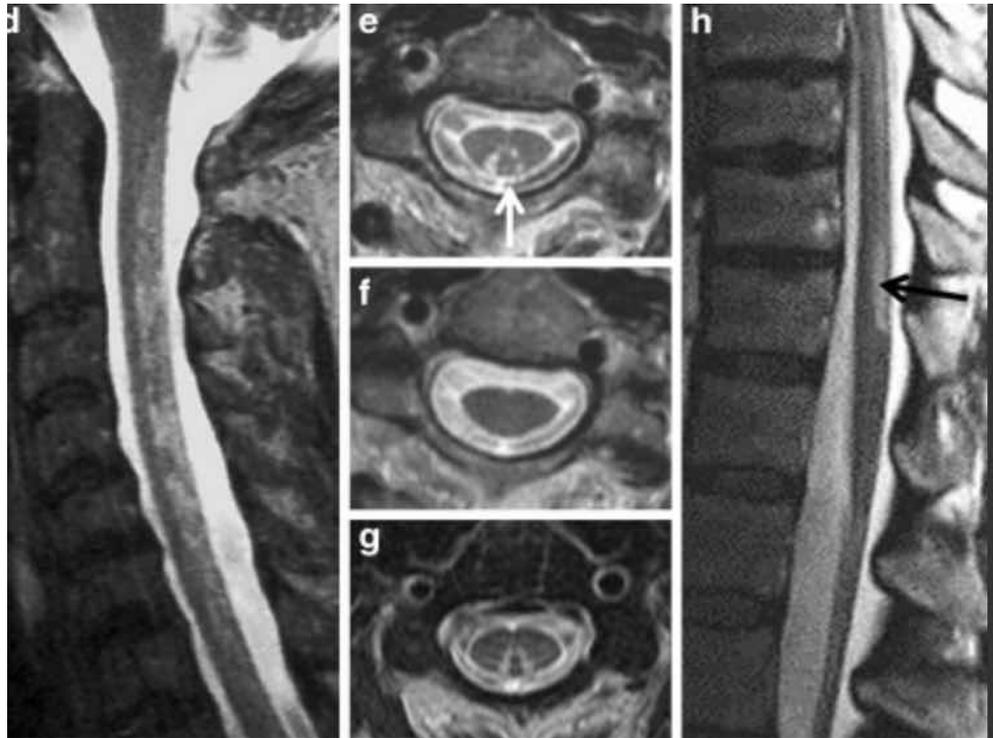


**How Many  
Physicians and  
Nurses Would  
You Need if  
They Didn't  
Spend Half their  
Time Typing?**

# What To Do?

- ▶ **Optimize the Automation Potential of Your EMR**
- ▶ **Use AI Tools to Markedly Reduce Documentation Burden**
- ▶ **Get Devices to Populate Record with Clinical Data**
- ▶ **”Zero Base Budget” so-called Core Measures Documentation (cost of ”Value” strategy)**
- ▶ **Redesign Work Processes and Division of Labor to Free Up Time for Actual Clinical Practice**
- ▶ **Give Your Docs and Nurses Back a Day a Week to Do what They Trained to Do**

# My Neurosurgical Experience



# Fraught Passage

- ▶ **Diagnosis Was Terrifying: Evidence of Spinal Cord Degeneration and Risk of Paralysis within Six Month!**
- ▶ **Four Hour Surgery with TWO Surgeons (Lots of Arthritic Changes)**
- ▶ **Significant Post-Op Bleed Required Return to OR and 2 Night ICU Stay**
- ▶ **Pain Control A BIG DEAL, well managed!**
- ▶ **Six Week Confinement in a Cervical Collar was Challenging**
- ▶ **Advanced Practice Nurse Made a Huge Difference in Progression to Recovery**

# What I Learned about Neurosurgical Practice . . .

- ▶ **Family is the Real “Patient”**
- ▶ **Patient Progression Must Be Planned and Communicated to Patient/Family**
- ▶ **Relevant Endpoint is Not ”Discharge” But Return to Life**
- ▶ **Patient Progression and Satisfaction are Really Important to the Hospital Financially**
- ▶ **Clinical *Team* Really Matters**
- ▶ **Integration of Neuroradiology, Anaesthesia/Pain Management and Rehab is the Key to a Better Patient Experience**

# The Culture Challenge







