

Practice Leadership: Lessons Learned During the Coronavirus

Full Transcript

Larry: Hi, this is Larry Benz with Evidence In Motion's, Practice Leadership Podcast, adding value to your practice every day. We've taken a long hiatus, but we thought we would interrupt our break in podcasting to talk a little bit about lessons learned so far. In the Coronavirus, and I brought on today, Daphne Scott with Confluent Health.

That's our company. Evidence in motion is part of confluent health. So there's inherent conflict of interest here that I want to disclose, but at the same time, this is meant to further a discussion for all those in private practice and those who are out there struggling and dealing with the immense challenges of a pandemic.

So with that, let me turn it over to Daphne. Daphne, what do you do? What is the Chief Culture Officer of confluent health?

Daphne: Well, first of all, Larry, thanks for taking the time to do this today. I will talk a bit about my role and you know, I really do hope that you know that we are a company in the industry.

We are also physical therapists and recognize all the challenges that our industry has had to manage through as many industries have. So we hope that today is also a moment of inspiration for you, no matter the context in which you're having to manage. So Chief Culture Officer of Confluent Health is a role I'm incredibly proud of and to be a part of, that we created for our family of brands.

Confluent Health really crosses, I don't know how many States we're in now, and it is a family of brands. The companies that we've brought together as partners, we've been very fortunate to work with. And one of the things we recognized, and this is to your genius, Larry, that you recognized early on, is that we wanted to have a common way of interacting with each other. We wanted to have a common way, a common language that we could use to understand when things were going well, as well as when things weren't going so well. So there's the operational excellence part of our work, but more important, and as importantly, there's the mindset that we come to our work with.

And this is where culture really, really starts to hit. The term culture is difficult to define. It is the way we do things. It's the stories that we tell. It's the actions that we take. It's who gets promoted and who doesn't? All these values that we have, the ways of approaching our work and getting work done.

So you recognized early on that we needed to have a way of, we had to have an owner of that in some way. We had to have a way of creating a structure.

It's nice to have these great ideas and to want to have a great culture, but if you don't have a structure that can deploy it, reinforce it, remind all these things that we do, then it falls by the wayside.

So my role is, at this point, to support our new partners and coming into that fold as well as creating, make sure we have the maintenance of the structures overall and that we're practicing what we're doing now. It's not a policing sort of thing. The next thing is, there's a commitment there and we have the confluent health commitments, right?

Which we practice as best we can. And, and I love that you have pointed out, you know, this isn't, well, we've spoken to this before, but this isn't about being perfect. So I think a lot of times when people talk about having a great culture, there's this implication that there's some level of perfection and that is not the key at all.

I think that's where the word practice really comes in. My job is really to support our leaders. I work mostly in the talent development side, also on the operations side. And even on the operation side, it's how well are we practicing these things like emotional intelligence? How well are we really practicing our desire to have an open and curious mindset as we're navigating some difficult decisions? Which we've had to do these past eight weeks or so.

So that's really my role. I love doing it. I love helping our new partners. And there's a lot in the weeds there that I could say, but that's at the highest level. That's really the function.

Larry: Well, that's great. Let's get right into it, and we're going to talk about the pandemic.

First thing we know is that there is no playbook. There is no business course. There's nothing that can tell you how to handle a national emergency, a worldwide pandemic. But you do tend to lean into prior experiences.

We have had natural disasters in certain parts of the country that have impacted closings and other tough times. There's been multiple recessions. People always say healthcare is recession-proof. I'm not so sure they'll hold to that statement anymore. But you do tend to lean on those. So tell me some of the things you've learned so far, and I'll share some, my perspective after you speak that we did right, did wrong, would have changed. We're, you know, still dealing with it frankly, and might be dealing with this for many, many more months to come.

Daphne: I will talk first, of learning from sort of the past, if you will. And what I mean by that is one thing that became very evident is the work that we have done with our leaders, our CEOs, which we have all around the country. The work that we've done as a team of CEOs, the work that we've done with our team leaders, our clinic directors across the country in the past, that work became very evident as we were navigating this.

In other words, the ability to really release blame and complaint. We really practice that, leaving that to the wayside as best we can. Events like the stressful moments can turn people very quickly into reaction, right? It can be very challenging to manage things emotionally and keep your wits about you, if you will.

And it became very evident to me that all of these things that we've practiced were there. Right? Especially when we needed them. I mean, it's easy to be a nice person when things are going the way you want them to go, right? It's easy to be a jovial person, but when things aren't going the way that you necessarily want them to go, who do you become? When you aren't getting what you want, who do you become?

And it was very evident that the work that we have done is there, it works. So the way we were interacting with each other, I think was probably one of the most relevant pieces to this, which I have an example of. Let's not add a second arrow, right? So we get shot with one arrow, let's not add a second to an already difficult situation. And our leaders really stepped up in that way.

For me individually, I noticed my own stress levels. I noticed as we were moving fast and it was changing day by day, which I think everyone has been experiencing but in different contexts. I noticed my own stress level. I noticed I wasn't sleeping well. I noticed that there was this, this anxiety of, wow, what's tomorrow going to look like? Or how are we going to manage through this? What do we need to do?

And again, this goes into those practices of keeping ourselves as present as we can. I did a lot of breathing, a lot of stopping myself from talking. I call it becoming a piece of wood - just shut up - anything better than saying the wrong thing. And so those practices, again, I think really stood the test of time. So that's the individual, the collective, who are we being? Right? Who are we becoming as we're going through this, I think is important.

And I think there are also the very structural parts of things. And this is where. I really want you to speak to the decisions that had to be made that you had to make. Around how are we going to handle employees? How are we going to lay people off?

And I think that this is a very important, relevant part of the conversation because those decisions create different reactions. They create different levels of response, and everyone had to manage this the way they had to manage it, right? The way they chose

to manage it. So I think that'd be a really relevant part for you to speak to as well because it had an impact.

Larry: Oh, absolutely. I think, you know, one of the things that you tend to do in these situations is rely on your training and your underpinning. And for me, I'm a former army officer. I was trained as an officer. I have also been very steeped in the psychological and social sciences for a very, very long time.

The study of human behavior and leaning on our training as physical therapist, obviously. And a couple of precepts that came to mind, you know, very, very quickly is that in times of uncertainty, we get frazzled. There's a lot of anxiety and discomfort with that, understandably so. Human beings, we're control freaks and when things are spiraling out of control and there's uncertainty, we have anxiety.

So what you try to do is implement some "known knowns" as soon as you can. And some of the very early things that I think we try to instill in everybody is, look, we don't know what's going on here. We don't have all the right answers here. We're learning as we go along. But one thing I can tell you is if you feel unsafe, there is no judgment, no shaming. If you are scared and can't come into work for whatever reason, that's okay. We get it, and there will be no judgment and no shaming on that.

I think the other thing is we learned very quickly that while it was a global pandemic, it was a local phenomenon. And what I mean by that is every states' governors typically were either ahead or behind one another.

And so it's like healthcare. If you've seen one healthcare delivery system, you've just seen that one healthcare delivery system. And so it was a neighborhood pandemic in that sense of what was being shut down. The early folks didn't even have the homeland security act that allowed a PT to be deemed essential.

As that unfolded, it really led to our business model, which is local partners. We have a big saying and we say, "Think small, stay local." And our local CEO's and local partners know how to manage their businesses in a decentralized fashion better than we know how to do it centrally.

Having said that, it makes sense during times of crisis to centralize certain functions. We don't need, you know, 15 or 16 different companies ordering PPE and temperature gauges and coming up with marketing collaterals and videos for our patients and our employees. And so we had to centralize a lot. So we doubled down on communication, check-ins and community, which basically is the notion that, you know, nobody gets in trouble for over communicating during a crisis.

So we had multiple town halls twice a week. We had twice a week, leadership meetings where we shared what was going on with each other. We changed some language very, very quickly. We hated the name social distancing and changed it to physical distancing. We have relationship quotes, and we have a need for human relationships. And we changed sort of the paradigm or the narrative there.

I think some other things that were really, really essential is that we let everybody know that at times like this, you have to embrace this uncertainty. We made a decision very, very early on. We were going to stay open. That we are truly essential.

We are force multipliers in the medical world and part of our role was to keep the emergency rooms seeing their stuff at their top of the license so we can see our patients at the top of our license, which means a lot of direct access. There were some states that had some superimposed rules, but we made a decision to stay open.

We had all of our managers take salary cuts or eliminations of their salaries on a volunteer basis rather than across the board, in most cases. We converted our therapist to hourly and all our caregivers, so that we can manage effectively based on volume.

The other thing I learned from the military is just hurry up and wait. What I mean by that is we didn't know exactly what the CARES Act was going to bring. We knew there was going to be some federal legislation. And what that allowed us to do was really to maximize those opportunities. And so many of our employees, whose hours were severely reduced, had to take unemployment or family medical leave act and the paid sick time associated with family medical leave act.

And we approached all our people in community with one another. We were smart enough a few years ago to have an employee foundation. And our foundation's mission is very, very explicit: it's to support our employees and their families. So those resources were available for those employees who had financial and other hardships.

We have an outstanding employee assistant program that has had incredible uptick, and its use for all the things behavioral and associated that totally, totally makes sense. And then we just kept with messaging. Tragic optimism - hope for the best, prepare for the worst. Practical optimism: not ignoring the difficult reality of what we're doing.

We had an equation, we introduced that said "event + response = outcome." And what does that mean? What does it mean to over-function? People get anxiety and they over-function or you have those who default to nothingness, which is under-functioning. And so you talk about those things and you get it out there.

You talk about Maslow's hierarchy of needs, growth needs and basic level needs and how we as a company can confidently assure safety. That we are a safe environment. We're accessible. We're reliable.

But then you also have the flurry of patients that you have to communicate with, right. And your referral sources and all of these other things that go on and on and on.

And I've never lost, you know, at certain times, almost 50% of our outpatient business and work twice as hard as I did. I was ready to go on spring break. Like, I'm one of these guys who's going to always go on spring break. I think everybody should have a high school spring break, even as old as I am. But we couldn't do it. So everybody was doubling down on hard work.

You reach out to your colleagues, you listen to them, you get affirmation from them, and then you learn things. And then you also help them learn, and you create this community. We're all in this boat together. And so, you know, I particularly applaud a lot of the resources, the private practice section, for example, put out. They did some nice stuff. And of course all your other networking that you do, but then, then all of a sudden you get to ground zero in phase zero, and you've got to build back up.

So how do you prepare? And so we talked about the "black swan." And the fact that the pandemic really isn't a "black swan" because it was highly predictable and maybe we did or didn't respond appropriately. I'll leave that for the political arguments.

But I can distinctly remember on March 2nd going to a website, which is where all the peer reviewed, scientific articles on coronavirus are. This is not mainstream media type links, and there were 50 studies. And I remember from March second to March third and a half, I read all 50 studies just to catch up to speed on what the scientists were observing in China and South Korea.

And as it turned out, of course, as we speak today, there's well over 2000 peer reviewed, which goes through the whole basis of evidence and that you can't possibly keep up. But I tried to rely more on the science. And the efficacy of all this and learning about super spreaders. And the only date I really paid attention to was not number of cases and certainly not the number of deaths, which I'm not so sure is all that reliable either.

But really paid attention to the usage rates of hospitals. What were their ICU beds and, and capacity? Fortunately, there were a lot of epidemiologists and data wonks assimilating data from all over. And that really kind of tells us where places were peaking. And how could we now as PTs fulfill our bigger role, which is taking care of patients that couldn't access the emergency room.

A lot of times these are patients that have opioid problems. There was an article released yesterday that, that not surprising the number of opioid deaths since coronavirus is higher. It's almost, there's been a resurgence and it's a resurgence that nobody, nobody talks about.

But those are some of the tactical things to do, but I think it's the intangible things that you do that are also beneficial. Being there for folks, checking in with them, challenging each other to find five people a day to do check ins with.

How are you doing? How are you coping with all of this? And just emphasizing that the only thing that would really bother us, is if we had an employee that was not telling us what was going on and they needed support. And so we really created, um, you know, an atmosphere and a non-judgment and a psychological safe place to be able to do all those kinds of things. So, you know, a lot of it is doing what you've been preaching. But also being open to other people's ideas.

And PPE - who is ordering what? And we tried to order 5,000 tests from South Korea or Vietnam, I think. And they weren't CDC approved. Now looking back on it, I wish I had approved them because even if they do have a higher sense of false negativity, there's still more benefits.

Those are the things we did. They weren't all original ideas, by any means. But it was a good, good lesson on how you can use a crisis to make you better. And how you can come back, "not bitter but better, more agile than ever." How is that?

Daphne: Well, you had a line in something you wrote yesterday that I really liked too. Something to the effect of - the virus won't take away our why. And I think that's really where you come back to these questions. Who are you? Who do you want your character to be? Can you, can you become even better?

I'm not a big fan of the word better, but can you become even more of the person and even more of the company you say you want to be through a crisis? How can this call you to your better nature? And I think those are some of those first principles.

And one of the questions I asked myself as we went through this and are still, by the way, going through it. We're not done. We might've hit maybe some of the apex of, you know, the uprising of cases and that sort of thing, but we're not done, which I want to speak to as well.

But one of the questions I kept asking myself was, "What's still true?" My external environment has changed for sure, but what's still true, and it comes back to those social

science principles. It comes back to the psychology of human beings. It comes back to those things are all still very true.

And so how do we work with that and keep those things top of mind at the same time that we're managing through operational changes, right? At the same time that we're having to make some of these, these decisions. Whether it's your military training or your science background and/or both, I think those things and the character of who we all were became even stronger and is becoming stronger as we have to navigate some of this.

So I think what would be really helpful is let's get to where we are now. So this building practice back up we're watching.

I think another very important point you made, Larry. There were two other things you pointed to, one was that all the states are managing this differently. If you are in a different state, if you have clinics in different states that it can feel like a bit of a moving target.

But now we're seeing that States are opening back up, if you will. By the way, not that the economy was closed, it just slowed way down. It never was like closed. But it did slow down. So as we're getting away from a little bit of the economic slowdown, what do you think will be some of the most important things that we need to keep our attention on now? I think that could be helpful.

Larry: Yeah. Let me talk about sort of the clinical operations. Everybody remembers the excitement of opening up a new clinic - the enthusiasm, anticipation, the energy level, and all of those great things. And one of the things we've asked our folks to do is reactivate that. Every one of your clinics is a startup.

Have that startup mentality. Be competitive, be tough, be smart, be passionate about growing. Don't look at your clinic as pre and post-Coronavirus. Look at it as this is your new clinic, and how would you staff that? How would you do it appropriately? What would you reengineer? Now you've got a second chance in life.

You're having a second wedding shower here, what would you do the second time? So that's kind of the attitude that I think of on the clinical operations end.

I think we refer to and what has been referred in the literature is the gray rhino, which is that you know this is coming, prepare for it. It's there. Acknowledge it. And how are you preparing?

So one of the things we want to share is that every one of our providers are tested at least every other week to the extent that testing continues to ramp up. Because what we're

learning is that people will come back, but only if they feel very, very confident in the environment that they're going.

Well, certainly physical therapy clinics, dental clinics, and the others were probably some of the safer clinics you could always go into. But now we have to double down on that. So we have to abide by the social and physical distancing standards. We have to have the correct PPE in place. We're using infrared and film scanners for our temperature checks. The questions that you have now.

But more importantly is as testing ramps up, we've engaged organizations to not only do testing for us, but to do antibody testing as it continues to be evolved.

If I have one major criticism of the US and how we've reacted to this is that we haven't adapted fast enough on testing. If it were up to me, good is not the enemy of perfect here and okay is not the enemy of good.

And I would be implementing RNA testing, like home pregnancy test kits to everybody, just in your home, use saliva. Rutgers University has demonstrated this. We need better and more innovation. It's out there. It just needs to be given the same lessened constraints that we've had on HIPAA and using telehealth.

So I'm a big believer in testing and then being able to isolate and trace where these things happen because these popups will occur. There will be resurgences in different parts of the country. I can't tell you where, I don't know. But as you come back, having the right messaging to your stakeholders, your employees, your patients, your referral sources - that they can be confidently safe.

You're reliable. You're accessible. You're taking all the precautions on top of other precautions, and you'll have those permanently. You'll be able to reassure your patients that your care givers are being tested regularly. I think those are all very key foundational items.

I think next to that, you also have to worry about or be concerned about your colleagues: your orthopedic surgeons, neurosurgeons and internal medicine and everybody else.

How can you help them ramp back their practice? Not in a typical way, but how can you collaborate and do that effectively? They're not all of a sudden going to be doing eight weeks of pent up elective surgeries in three days. Physicians are going to be working Saturdays, they're going to be working Sundays. They're going to be working all hours in an effort to try to recoup what they've lost. And we need to be sensitive to that from a care and service perspective. So doubling down on service, um, and how you react to that as a good thing.

Your marketing is way different because if you have marketing reps or therapists and physicians in the same office, and they can't right now. So how do you have zoom meetings and do things like that where everybody's only got so much time in a day? So thinking through those very thoughtfully. And being able to do that appropriately is also critical.

I think the other part of it is, is it, you know, we're all in this together, and so a lot of our colleagues around the country are learning things, and the way you inculcate information is by seeing what other people are doing, filtering it, and seeing if it applies to your environment.

It has to apply to your environment. That's the whole thought process behind local health care delivery. There are some people doing some very innovative things and I applaud them. They're just not right for our environment.

We do think patients have doubled down on technology a little bit. They're learning zoom - so telehealth is a delivery system. I've written about it. It is a delivery system that's here to stay. I think it's fraught with some issues, particularly, you know, evidence backing around a hands-on profession, but that doesn't mean it's useless either.

So I'm concerned when payers are of the opinion that telehealth and hands-on in physical therapy are interchangeable. They're not. And we've got a group of our academics working on a white paper as we speak about that. So I'm being a little proactive in that approach. It's not to say that you should never use telehealth. That would be crazy.

At the same time you have to understand the right dose for the right patient at the right time. One of the observations we had about Austin, Texas. We have a lot of locations there, arguably one of the most high-tech cities in the United States. They had the lowest rate of adoption and telehealth, not because they're not technologically savvy. It's because it's a relationship business. It's a hands-on business, and we have to remember our basics as a profession there. Those are just some of the things that come top of mind.

I think our challenges remain. Our ramp back will not be as fast as we think. At best PT practices have 15 to 20% of their patients from elective surgeries, but those elective surgeries aren't all going to be done at once.

So while there is a pent up, and you might see some blurbs. I think the actual ramp back will take longer than we hope. But that doesn't mean we won't try.

Daphne: Exactly. Well there's a few things I think are so relevant in what you're saying. First is, I want to point to non-judgment. And when we talk about "is it right for your environment?"

Is it what's best in the context in which you're in? And I think this is one of the things we watched, and I think this is where our profession, just as an industry, can really be a leader in this. Where we can look at and have some understanding that we're not in everyone else's shoes in a sense, right? We're not in everyone else's context.

So I think one of the lessons also learned through all of this was how do we respond mindfully and with compassion to our other colleagues and withholding judgment and criticism. We watched a lot of that, again, ramp up, and I think as an industry, as a group of physical therapists, I think we could all do well to really practice that.

We could be a leader in healthcare, of supporting our colleagues and letting a lot of that sit by the wayside. It becomes a waste of energy at that time and really understanding that the context in which you function and that you're going to make decisions.

I mean, this is one of the beautiful parts of being an entrepreneur, being a business owner, right? You get to make your decisions. And you get to make your choices and your decisions based on what you feel is best in a given circumstance for yourself and for your team.

Larry: Yep.

Daphne: So I think the non-judgment is something we can continue to practice. I think it's a lesson learned over and over again, just in general.

I think the second thing that you're really pointing to is facing fully into the reality of things. And I think when you say things like, it's not going to happen as fast as we'd like, or this is what's really true right now. It's being able to face fully into what's happening, not being over-reactionary - what you were pointing to becoming overfunctioning at the same time that we don't retreat. And I think that is that measured response of, okay, how did you say it? Hurry up and wait. You know, that measured responsive.

Let's, let's look at what the data is telling us. Let's take a minute to really get our heads wrapped around us so that we don't go too far either direction.

Larry: One of the things I should say, one of the main premises, in fact, the first premise that we introduced to our company, and we actually introduced prior to the pandemic, but it was a great reminder - there's an incredible amount of uncertainty, but one thing we know, this is a complex situation, not a complicated situation.

Complicated is a problem to be solved. It's a problem with your phone. It's complicated, but it can be solved perfectly. Complex issues have to be managed. They have to be influenced. It's like the weather. We don't know what the weather is. It's complex. But we

know that we can manage it. We can bring an extra coat. We can do some things around it.

So with the Coronavirus, we're learning all these things from science. Now we know that you can have symptoms or not have symptoms and spread this thing like crazy. And that may be more true than we ever gave it credit for. Now we know that the malaria drug probably doesn't work right. So there are some things we have learned quite a bit about - a ton, but it just really goes to the effect that we are not going to solve or cure Coronavirus.

If we come up with a vaccine that is a way of managing it, not solving it's problem. Because it can mutate. There can be other coronaviruses. There are about seven of them. And you know, the reality is we're going to be living in a public health world for a long time. And for me, that's a positive that comes out of it.

The healthcare disparities that we are seeing. I see so many opportunities more than ever for PT. And I'm as optimistic as they come. You look, and you see the disparity in the folks that have a predisposition or a vulnerability, who have a higher mortality rate. People who have obesity, chronic inflammatory type problems, immunosuppressive folks, those with diabetes, metabolic disease. The elderly are an easy group to pick out because it's a binary function, right? You're old or you're not old.

It's that middle group with healthcare disparities in our African American and Hispanic populations that have a predisposition, particularly in the African American population towards a fatality part of this.

Those are areas that as physical therapists, we have a role in. We are a movement profession, and there are groups, and I'm excited about seeing some of the different physical therapy groups that are monitoring movement and attempt to say, "Look, one of the things that we can do first is order prevention and upstream type services." Boy, that's an exciting place for us to be at right now. We know we have a role in breathing, and what is that role while we can do it?

I think one of the things that we learned about over-functioning is that it can be a default mechanism. You know, as humans, if you're the oldest or the youngest, you tend to be in over-function. It's just some sort of birth order kind of phenomenon. Those people oftentimes, which are overfunctioners are great, but they oftentimes don't take care of themselves.

It's one of the things we've tried to emphasize through an example. I've had more sleep in the last eight weeks on an average per night that I've had in many, many, many, many years that every year that I can remember.

So you have to also take care of yourself, because as PTs, if we don't take care of ourselves, we can't take care of each other. We certainly can't take care of our patients. So I think those are messages that are brought to a new reality under something like this.

Daphne: Yeah. Again, the learnings, whether we call them learnings or reminds or whatever. However we want to couch them, and we're going to couch them as learnings. And I think that those are the places where when you talked about your second wedding, or wedding show or whatever, these are our chances, right?

This is the opportunity that starts to come through this. It is a chance to level set or reconfigure, or however you want to talk about it. But this is the chance, you know, let's come out of this better than we were before. Stronger than we were before.

I too have learned about sleeping. You and I can travel quite a bit and I've gotten sleep as well and learning the impact. Seeing the impact of what that's looked like too, which is great. And taking care of ourselves, which I think is also a place where our industry can really start to shine.

Being that voice of movement, for sure. And taking care of on the public health side by our own actions by doing what we do.

Larry: As we wrap up here, let's each contribute to a few last thoughts and we'll turn it over.

Daphne: That sounds good. I would this, let's appreciate our colleagues across the industry who are all really doing the "best" that they can to manage through this. I think that is a place where we have an opportunity to really bring appreciation, compassion, non-judgment and curiosity and continue to band together as a profession. I think that's the only way that we can do this and really support each other through this as we navigate this as an industry. I love being a physical therapist and I always will be, I imagine, and I'm very blessed to work in the profession as I do.

And making the wisest choices that we can, so choices, not from reaction, but from a measured response, which I think is great and leaving the blame and criticism and judgment to other people.

Larry: Absolutely. Well, that's good. And I'll just conclude with just a couple of thoughts. We throw this term around - essential. Thank goodness PTs were essential, and thank goodness we all woke up one day and wanted to become a PT and that's fantastic.

But the lingering thought that I have is, in your life, what have you learned is really essential during a pandemic?

And with that, I'll leave it to you to answer, but that's a very open-ended question. It transforms lots and lots of aspects of your life. So with that, this is Larry Benz with Evidence In Motion's Practice Leadership podcast, and Daphne Scott, the Chief Culture Officer of Confluent Health.

See you next time.