CRAIG WESSEL: Thank you for being here. First, I’d like to start with what each of you do and how the coronavirus, or COVID-19 has come up or affected your workplace.

CRAIG VERCRUYSSE: We’re a professional services firm based in Seattle with a large footprint in the West. I am the partner who leads our lean health care practice group. As I think about the impact of coronavirus on my work, there’s been a lot of very proactive work internally at our firm to make sure that people are using abundant precautions while at the same time still balancing our business needs and our clients’ business needs. For us, we’re a very unique group in that we are a lean health care practice. I’m a former hospital administrator. We have doctors and nurses on our team. Many of us were part of the Ebola outbreak, so we’re being pressed into service to help with preparedness with health care clients around the country and making sure that they have the right balance of readiness while still balancing against current operations.

ASHLEIGH BANKS: I work at ZOOM+Care, which is an on-demand health care platform in both Portland and Seattle. We primarily operate so that you can schedule same-day access to licensed medical professionals. With COVID-19, it’s been a really interesting dynamic of making sure that we protect that access, but also protect patients and our providers, so we’ve been looking at the whole end-to-end experience of every touch point and how it can be adjusted so that we’re protecting people and making sure they’re informed.

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PREPARING YOUR BUSINESS FOR THE CORONAVIRUS AND BEYOND

HOW TO MAKE THE RIGHT CALLS IN TRYING TIMES

Across the country and around the world, trade shows are being called off, flights are being canceled and businesses are cutting back on employee time in the office all because of fears related to the spread of the coronavirus or COVID-19. With the Coronavirus spreading so rapidly, what should business owners focus on first and what can companies do to properly handle the situation? As workplaces review their strategies, policies, and procedures, many business leaders are also wondering about their legal risk. Portland Business Journal Publisher and CEO Craig Wessel sat down with four industry experts who remind us all that perspective is important during this significant issue within our community. Shayda Zaerpoor Le, Partner at Barran Liebman LLP; Ashleigh Banks, Senior Product Manager with ZOOM+Care; Dr. Dawn Nolt, M.D., M.P.H., Associate professor of pediatrics (infectious diseases), OHSU School of Medicine, OHSU Doernbecher Children’s Hospital; and Craig Vercruysse, Partner with Moss Adams, all discuss ways that employers can minimize risk of infection in the office while minimizing legal risk for the employer.
while also not raising unnecessary fears, so that folks can get the appropriate care. It’s been a really interesting step back from our day-to-day business. We also operate very lean, so this task force has come together to think about these touch points and are actually operating in 24-hour cycles of change management for both patients and for our internal staff.

DR. DAWN NOLT: I’m one of the on-the-ground physicians, in that I practice infectious disease in pediatrics. I am also a medical director for the infection prevention and control at OHSU. I’ve involved in surveillance for infections and assessing for spread of infections, and certainly COVID-19 has been a big part in the past week and a half of my job. We have to continue the backbone of what it means to be a hospital, which is to take care of the patients that come in. You still have to take care of the adult that comes in with lung disease. You still have to take care of the child that broke their arm when they were at school. And then on top of that, really making sure that we are prepared for not only the people who actually have COVID-19, but the people who are concerned. We are the major academic health care system in Oregon, so not only do we have to provide a clinical service, we also have to make sure that we are aligned with state and national guidelines and try to support that through our teaching and through our research.

SHAYDA ZAERPOOR LE: I’m a partner at Barran Liebman. We’re a boutique labor and employment law firm focusing primarily on businesses and clients in Oregon and Washington but serving some other states as well. We are the folks that come to with their human resources concerns, questions like, “If I have someone who is quarantined or stuck in another country, what do I do if I’ve got people who are not sick, but are concerned and would like to stay home and possibly take kids out of school and work from home?” So managing those elements of how a business responds to those types of employee concerns, layered on top of business as usual, which is things like, “How do I manage elements of private information and not asking people invasive questions and not running afoul of the other employment-related protections in the categories of sick leave, and disability and all the rest.”

WESEL: I want to ask our resident infectious disease expert to talk a little bit about what the coronavirus is and what it’s not. Maybe you could sort of set the table for this conversation by telling us what you know about the virus.

NOLT: Coronaviruses are actually a family of viruses that will affect animals and humans. What’s interesting about this one is that, it originated in an animal and was able to jump species and infect humans where it’s easily spread. We call it “novel” because the general population has never been exposed to this. So managing those elements of how a business responds to employees concerns, layered on top of business as usual, which is things like, “How do I manage elements of private information and not asking people invasive questions and not running afoul of the other employment-related protections in the categories of sick leave, and disability and all the rest.”

WESEL: This strategy around moving people towards virtual care as a sort of a first engagement, was that in place prior to the COVID-19?

ASHLEY BANKS, Senior Product Manager, ZOOM+Care

Ashleigh Banks, Senior Product Manager at ZOOM+Care, is obsessed with improving the health care experience for both patients and medical providers. She works closely with developers, designers, and medical providers to build solutions for patients to access care virtually.

CRAIG VERCROYUSSE

Partner, Moss Adams

Craig is a partner at Moss Adams, and leads the Lean Health Care Practice. He has more than 20 years of leadership experience, including deploying the Toyota Management System (lean management) across seven acute care hospitals and a 250-physician medical foundation while employed at Sutter Health. Craig works with senior health care leaders to define and deploy strategy and identify cross-functional areas for operational improvement while integrating lean behaviors to transform culture.

SHAYDA ZAERPOOR LE, Partner, Barran Liebman LLP

Shayda advises employers, management, and higher education institutions on a wide range of employment issues and litigation, including trade secrets, noncompetition agreements, wrongful termination, discrimination, policy review, workplace investigations, Title IX, and Family Educational Rights and Privacy Act (FERPA). In addition, she is experienced in workplace investigations and completed a certificate through the Association of Workplace Investigators (AWI) Training Institute. Shayda regularly provides trainings on compliance and changing legislation. Shayda earned her B.S. at Portland State University, and her J.D. at Boston University School of Law. She is licensed to practice in Oregon, the U.S. District of Oregon, and Massachusetts.
We get so much information about this every second of every day, so it seems only natural that people are going to be very concerned about it. In many cases, their health care and insurance is delivered through their employer. What are the things that employers are talking to you about, Shayda?

ZAERPOOR LE: You get the folks who have actual medical related questions about their insurance, and you get the folks who have the questions about how to allay the fears that employees are experiencing. Some of the things that we’ve been working through with our clients are, first of all, how can we provide a meaningful response to people to just put some of that emotion at ease. That can be pretty simple and obvious, things like just communicating to your workforce that you’re monitoring the situation and using official sources to do so.

The CDC has a publicly accessible website that actually walks employers and businesses through what some of the employment related responses are that you can provide and undertake in your own businesses. So even just communicating to employees, “we understand that this is a concern, and we are on top of it.” And reminding your workforce to do some of the normal flu season protocols, as much as that may seem like an obvious and simplified response, some employees need those reminders, and those that don’t need the reminders will appreciate that you’re giving them.

Some of the more specific requests that we’re getting are more along the lines of what to do about absences and about people who either should be staying home from work or people who want to stay home from work. Assume that requests are going to come to you from your employees, such as asking to take time off, asking to take unscheduled time off, asking to take unpaid time off. The best thing that businesses can do at this point is to evaluate in advance how to answer those requests. What is feasible if it’s two people asking or 10 people asking or 50 people asking? How best can you meet them where their needs are or where their desires are? And then the second piece of that is how you make those decisions consistent between the different people who are asking and saying, “Here’s how we’re going to evaluate. We’re going to do it based off of the type of position, we’re going to do it based off of need for those services within the next two to three weeks or a month,” or whatever it is, so that at least what you can say to your employees is, “What we’ve decided that we can do is to meet you all here, and anybody who wants to make requests for schedule adjustments or work from home or whatever, we’ll do our best to get you set up as quickly as possible. And here’s how we’re going to evaluate those requests.”

VERCRUYSSE: As leaders in organizations, we need to start with empathy, and we need to really think about the wellbeing of our people. That is number one. I think

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BANKS: It has been. We launched chat in 2016 in our Oregon market and we’ve had video previously as well. We saw very low adoption with video. However, I believe video is something that we’ll be bringing back in the next couple weeks, especially in the context of COVID-19.

We’re also in the Seattle market, which is having a very different community experience than Portland, right? You have Amazon telling their employees to stay home. With chat, what we found was that it’s truly a funnel to be able to have a conversation with your doctor as you would your friend’s mom who’s a doctor. We wanted the entire community to be able to get vetted, evidence-based, medical advice and guidance. However, only about 10 percent of Americans understand how to access virtual care, so there’s a huge opportunity there. Most employers offer this in their perks. You can find competitors like ourselves or others that are offering this at a low cost right now. It’s a great opportunity to know what’s out there in your community.

VERCRUYSSE: When you’re working in the hospitals, trying to help them improve and get the waste out of the system, one of the things we always talk about is how to teach patients, communities, caregivers, etc., how to find appropriate, accessible and accountable care. Virtual care creates this potential for a reversal of this trend we have in health care that is unsustainable. I can tell you from being in many a clogged emergency department (ED) around this country that we’re trying to decompress to no avail. The level of appropriateness of patients presenting in the EDs is not where it should be, because we don’t necessarily know how to direct patients to the right level of care.

WESSEL: What is the patient experience like in virtual care? What are the capabilities of a provider through video or chat?

BANKS: There is no diagnosis without laboratory tests, and in Oregon, we’re really at the liberty of the state. We can only test 40 people per day, so part of our job is making sure that we’re identifying who is at the highest risk that needs to get tested so that they can get in that queue. Most of our demographic is heavily centered around 18 to 45 years old, who prefer mechanisms in which they can chat, so we are seeing really rich conversations where patients are asking questions and receiving education, really talking them through when to worry and when not to worry and what to look out for. The way we’ve built our experiences, you instantly connect with a chat care provider. We’ve expanded hours and capacity during this period of time so that people can get through. There is no waiting queue and you start that medical conversation right away. We built algorithms that allow for consistent care for everyone, so no matter who you’re talking to on our chat platform, you’re getting asked the same questions that have been vetted.

VERCRUYSSE: Getting people to the appropriate level of care is one thing, but then there’s another thing, which is just the inefficiencies in the system and how the response happens. During the Ebola outbreak, I was a hospital administrator in San Francisco, and one of the things that we saw on the Ebola front was, we’re not going to sit in a conference room and try and solve this or be ready for this. This is not about table top exercises. This is not about a bunch of leaders trying to figure out how to respond. We went to the frontline, the people who do the work, trusting that the people who are taking care of the patients know best how to prepare.

Our job was to help facilitate and roleplay for every eventuality, and in health care our problem-solving methods are very antiquated. As a result, we have to really think about how we unlock the problem-solving potential of every single person who works in the health care delivery system to make it more efficient and cut off the excess because if we have this mindset that’s baked into the delivery system day in and day out, when you get something like COVID-19 you’re ready. We haven’t instilled this continuous improvement mindset in the health care delivery system. It’s all been about payment reform and where the money flows. As a result, we miss the quality of care perspective and the patient safety perspective, so I am encouraged that there are a number of organizations in this country that are doing this. It’s not that we don’t have it, we just don’t have it widespread enough.

WESSEL: When we’re talking about treating people’s fears, one of the places that those fears manifest is in the workplace, right? We get so much information about this every second of every day, so it seems only natural that people are going to be very concerned about it. In many cases, their health care and insurance is delivered through their employer. What are the things that employers are talking to you about, Shayda?

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“ONLY ABOUT 10 PERCENT OF AMERICANS UNDERSTAND HOW TO ACCESS VIRTUAL CARE.”

ASHLEIGH BANKS, Senior Product Manager, ZOOM+Care

“We are always going to get another disease ‘X’, so I’m hoping that every crisis will bring more innovation to the medical system,” said Dr. Dawn Nolt.
we lose sight of that too much. I mean, if we just talk generally outside of health care, that’s just in our society. I’m hopeful that COVID-19 is going to make us realize we really need to take care of each other. We need to pay attention to how we are affecting one another.

ZAERPOOR LE: Along with that, recognizing that we have all different types and sizes of businesses in this community, not everyone is going to have the resources to pay people to stay home or to even allow anyone to stay home, and so where some of that empathy can look different for that size or structure or business is more about acknowledgment about saying, “We understand that this is a fluid time, we understand that this is concerning for everybody. We’re doing our very best to monitor information from official resources and if you have questions tell me. You’re not going to get in trouble for saying I’d like to stay home. We may not be able to facilitate everything that you want, but you can talk to us about it, and we’ll discuss what is possible if anything.” I think even just hearing that from your employer, so you’re not sitting there thinking, “I have concerns and nobody cares about them” versus “I have concerns and I work in an environment where people will take them seriously” and they’ll be responsive.

NOLT: In the health care industry or health care hospital, we have all the different layers, right? We start up at all the physicians and the surgeons and their sort of their own physician group. The physicians, the bedside nurses, the housekeeping staff, the people who go park the cars, and you’re absolutely right. The messaging has to be different to each of those stakeholders. You have to get on the ground level. It’s fine to put out proposals and algorithms, but you have to actually get down there and ask, “Does this work for you? Does this meet your needs?” It’s very interesting to hear what you’re saying in terms of outreach at very different types of businesses because that’s what we have to do even within a health care system.

WESSEL: And in the end health care system is a business, right, which, it’s fascinating in that you don’t have the choice to shut it down and send everybody home.

VERCRUYSE: That’s why I appreciate what Ashleigh said about these 24-hour change cycles. It’s a way to constantly improve and look at how we can do better. How did we do yesterday as a team in caring for our patients? How do we adjust at a process level? That’s very interesting to hear what you’re saying in terms of outreach at very different types of businesses because that’s what we have to do even within a health care system.

Banks: We’ve talked a lot about virtual care, which is great from a patient perspective. But I also think the philosophies of really changing the culture of health care as a business because in America, it is a business. And it is very archaic in a lot of ways, and so getting more nimble and thinking about if you’re a health care leader in this community, you also have employees that are on the front lines of that and responding and change managing with them. It’s not something I think that many people that are raised in the health care experience understand properly. It’s a lot of what we have done is we’ve taken a product and software philosophy to our culture. And so when we do change management, we’re doing the same thing that you do in software development. You do daily huddle, so you bring people along, you don’t make decisions unless they’re really documented and understood. And I think there’s a lot that can be said to helping our health care providers feel confident in this if we bring them along on this same thing and make that a lasting piece. So they are prepared and they’re treated with the same level of transparency. So I think that’s a really nice value add that we’ve been talking about. All of this needs to continue forward. COVID-19 is really just elevating an opportunity for this culture of care.

ZAERPOOR LE: In responding to employee concerns during this period of time, we’ve talked about things like more flexible work schedules, empathy and meeting people where they’re at and giving them the space to push forward in how much they can work when they can work to the extent possible given business needs. We’ve talked a bit about telework or remote work opportunities, and about society being the mother of invention, essentially, we’re talking about businesses evaluating what they can adjust during this temporary period to give people a better sense of safety and security. What is it that businesses can continue after this period is over? What approach can you put in place that’s reusable in other circumstances as well? Most folks don’t feel like teleworking is that useful until the first time they end up needing it. Most businesses don’t end up thinking telework is that useful until the first time they shut down for a snowstorm. Thinking about how much of the current responses to meet employees where they’re at and still allow the business to function can be used in the future, whether to deal with the next crisis, or just to make our businesses more productive and more efficient.

NOLT: In any epidemic such as COVID-19, system behavior is overwhelming. Microbiology and infectious disease to the forefront. And that drives innovation that (helps) the ability to make vaccinations and medications more quickly. We are always going to get another disease ‘x’; so I’m hoping that every crisis will bring more innovation to the medical system. It gets a big push forward when there’s a crisis, so we always try to take advantage of that.

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