

Modern Healthcare

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Q&A

‘I think folks are still a little scared to go to hospitals’

New Orleans was among the metro areas hit hard as the COVID-19 pandemic began to spread across the country. As the second-largest health system in the city, five-hospital LCMC Health—which includes Touro, University Medical Center and Children’s Hospital—was quickly forced to deal with the patient surge. **Greg Feirn**, who has served as the not-for-profit system’s CEO since 2014, talked with Assistant Managing Editor David May about the early challenges, the role of collaboration and the path forward. The following is an edited transcript.



MH: New Orleans was a hot spot early on. When did you realize how bad it would be?

Feirn: It ramped up pretty quickly. I would say by the third week of March going into the end of March as our intensive-care unit volumes started to increase pretty significantly, we were starting to get a little nervous of what was coming. But we felt we were prepared. And then we ultimately had our peak on April 1. We’ve had favorable trends ever since.

Cases continue to go down with pretty limited

volatility. We peaked with over 400 positive COVID-19 patients in our hospitals. We’re now down to 100 (as of the third week of May). At one point we had almost 100 patients in our ICUs. We’re now down to 13 in terms of COVID-19 patients.

MH: Were PPE, supplies and staffing levels ever an issue in your system?

Feirn: We go through hurricane season every year, and as a part of those planning efforts, we work through an incident command center-style reporting that created

some great collaboration across our system. We were able to share supplies pretty easily. We got to some very low levels (on PPE), but we were able to maintain it even through the peak.

As far as capacity, we were able to balance that; if one hospital was saturated in the ICU, we could move patients to another hospital. Our volumes ramped up quickly. While we had the ability to surge up to 200 ICU patients, that would have stretched the system and staffing pretty significantly. We put a lot of resources in place at

the urging of the state to make sure we had that capacity.

MH: What were your telehealth capabilities at the start of the outbreak?

Feirn: We had a more robust telehealth or virtual-care capability at Children’s Hospital because they had been working on it for some time. But we quickly ramped up virtual care across the system, and we know that it’s here to stay. We did a couple of things. We quickly put together a telescreening service staffed by over 20 RNs. We’ve probably

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done close to 20,000 calls now through that RN screening line that helped us triage folks either to a virtual-care visit or to an emergency department. That significantly increased the number of virtual-care visits we were doing. But it also kept people out of the EDs at a time when they were getting slammed.

MH: You resumed some elective procedures on April 1. Has demand met your expectations?

Feirn: As of the third week of May, they’ve been a little slower to come back than we expected. We have a lot of initiatives in place to make sure we’re doing the proper outreach to inform outpatients and our community members that it’s not good to delay care. Hospitals are certainly a safe place to be. We’re a trusted resource for the community, and we’re reminding them that it’s important to come back for their care. It’s beginning to ramp up. It’s just been a bit slow. I think folks are still a little scared to go to hospitals.

MH: Can you estimate the

revenue lost when elective services were shut down?

Feirn: Absent any stimulus dollars, for the month of April, our revenue was off 25%, so a \$35 million impact on revenue for the month of April alone. And when you annualize that, that’s \$420 million if things didn’t change. But we expect May to be somewhat similar to April because our inpatient volume is now down a little bit due to our COVID-19 census being down. I imagine from the start of the pandemic to the end of May for us to have close to an \$80 million impact on revenue.

MH: Can you talk about the role of collaboration with other providers in your market?

Feirn: Early on, and this is one thing that certainly benefited our community and the state of Louisiana, LCMC and Ochsner Health—the two largest systems in the state, both based in New Orleans—started to collaborate early on given what we were seeing in COVID-19 census

growth, what our ICU capacity was, what our surge capacity was, and what we could handle together, but more importantly, what we were seeing in terms of volume trends, especially when we hit our peak and we saw the numbers start to decline.

As for the greater New Orleans area, LCMC, Ochsner, Tulane HCA, and East Jefferson General Hospital—those are all the hospitals in the city—we had daily calls to talk about what we were seeing. And that data was shared with the state so our governor could get a better sense of what was happening in New Orleans, how it was trending.

MH: Regarding the competitive landscape, do you see anything changing because of this?

Feirn: Our market, just like any other in the country on the healthcare side, is pretty competitive. I think it’ll stay that way. We have certainly benefited from the collaboration, and in times of crisis, we know we can work together

well. And that should bring some comfort to the community. As we look to recover our volumes, we’ll be implementing strategies that might be a bit different than they were a couple of years ago. And we’re certain our competition will be doing the same.

MH: COVID-19 is going to be around for a while, with fears of a second wave during the flu season. How do you think you’ll be better prepared?

Feirn: We have that in mind. We’re certainly stocking up on PPE so we can accommodate a flu season along with a potential bump in coronavirus patients. We have learned quite a bit from our systemwide collaboration, and we’ll be building on that as we enter the hurricane season and prepare for a potential increase in patients in the fall. It’s making sure we have adequate staffing this fall, making sure we have our front-line employees healthy and here with us throughout the summer and ready to work in the fall, and paying particular attention to PPE. Those things are top of mind right now. ●