Safe to Return

What Healthcare Leaders Can Learn from Behavioral Health about Relieving Anxiety and Cultivating Stability

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Today's healthcare leaders – from clinicians to executives – face a vexing challenge: how to successfully lead their organizations, patients and communities through a global pandemic.

STORY 1

A 58-year-old grandmother was furloughed from her job as a waitress due to the pandemic. Her alcohol consumption increased dramatically to cope with concerns about her livelihood. Without reasonable health insurance and fearful of contracting COVID-19 at her doctor's office, she began missing PCP appointments. Six weeks later, she was admitted to the hospital with severe fatigue and leg swelling due to the combination of liver damage, heart failure from uncontrolled hypertension and protein calorie malnutrition.

STORY 2

A 65-year-old, upper-middle-class woman with no notable medical or psychiatric history retired to an active social life, regularly playing tennis. Soon after her state instituted shelter-in-place orders, she began to feel increasingly socially isolated and developed new-onset anxiety disorder. She then became delusional to the point of becoming pre-occupied with her own impending death. In retrospect, it was clear that her pre-pandemic activity and social life provided an important coping mechanism to avert the underlying potential for psychiatric symptoms.

STORY 3

A 56-year-old woman with recently diagnosed breast cancer was referred to a breast cancer clinic. The patient had considered delaying seeking care due to her anxiety about the diagnosis and worries about contracting COVID-19 from a healthcare setting. Her care team included a nurse navigator whose initial contact with the patient focused on learning about the patient's background, understanding concerns about the illness, and exploring ways to support the patient's emotional and cultural needs. With command of both the clinical issues related to breast cancer management and safety measures taken to protect patients from exposure to COVID-19, the navigator was in a unique position to support the patient.

Each of these stories powerfully and specifically highlights how COVID-19 has flooded our nation's healthcare system with deep currents of fear and anxiety. These currents have resulted in a shocking decrease in the number of patients seeking needed care for their medical conditions. Healthcare leaders must communicate and operate in ways that address these emotions, alleviate tension and foster stability.

The question for those working at all levels and in all roles of healthcare is, "How do we help people feel comfortable receiving and delivering care?" People are putting off care for general health, prevention or chronic disease management and suffering as a result (Story 1 & p. 3). The pandemic is precipitating old and new mental health conditions (Story 2 & p. 5). And healthcare providers are developing new team-based models to provide patients access to the care – including emotional resources – they need (Story 3 & p. 9). And while each of these examples highlights the impact on patients, healthcare workers are also facing unique stressors in their personal and professional lives. They, too, are worried about contracting the virus or inadvertently infecting loved ones. Many are exhausted from the work itself. Many physicians experience stress about their future livelihood due to the fear or reality of employment changes, including losing their practices due to financial losses. In addition, they are needing to rapidly adapt to managing a new illness in a very challenging environment.

To equip leaders to be successful in today's environment, we've brought together best practices in behavioral health from clinicians, strategy and operations insight from The Chartis Group and communications principles from nationally recognized strategic communications consultancy, Jarrard Phillips Cate & Hancock. In this paper we present a communications strategy that incorporates important behavioral health treatment principles for three key stakeholders: clinicians and other healthcare staff, at-risk patients and the public at-large.
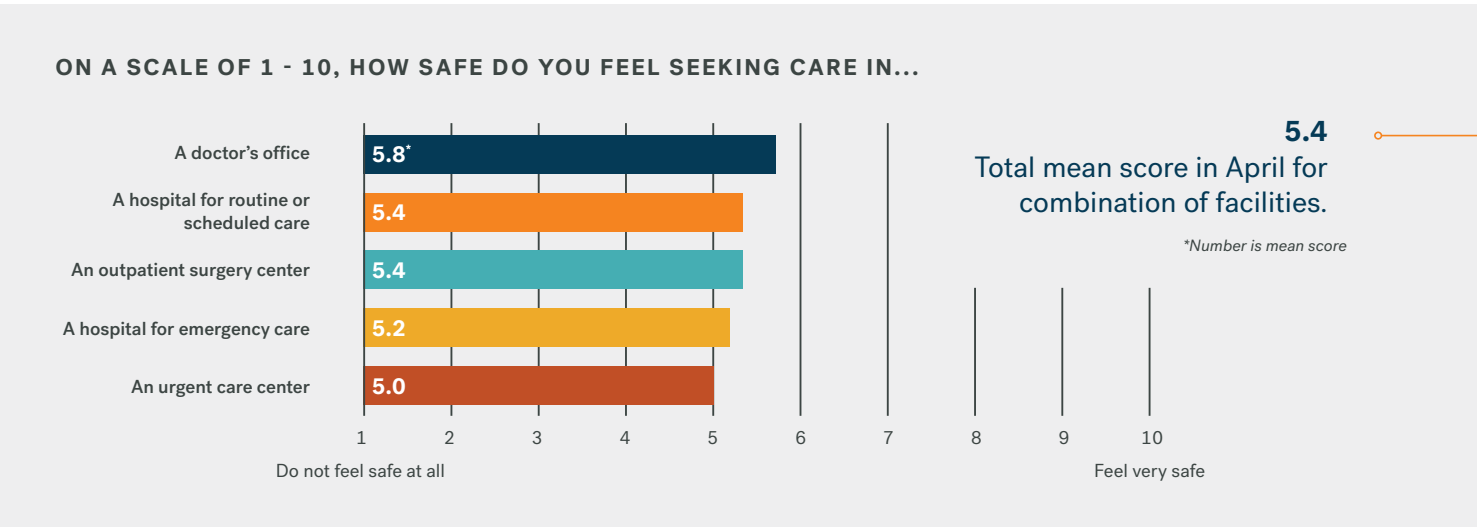
Introduction

The pandemic has had a profound impact on our sense of safety and well-being. Healthcare organizations continue to face an unprecedented challenge in convincing their patients and the broader communities they serve that it is safe to return. A new approach to influencing and driving change is needed – an approach built from established clinical principles combined with effective communications practices.

Since behavioral health clinicians work daily to reduce patients' anxiety and help them feel comfortable in various situations, we turned to this field for insight. In addition to asking for ways to address pandemic-inspired anxiety and fear, we sought their advice on how healthcare leaders can most effectively guide their organizations today.

TODAY'S ENVIRONMENT

Recent surveys have noted a striking increase in behavioral health symptoms among Americans, particularly anxiety. These stem from a variety of factors, including fear of contracting the virus, financial insecurity and intentional social isolation to reduce exposure to COVID-19. Since the advent of the pandemic in the U.S., there has been a significant reduction in the utilization of services for both emergent/urgent and chronic conditions.[1, 2] There is a significant association between mental health symptoms and delays in receiving care or not receiving any care.[3] We do not know the long-term consequences of the pandemic, but delayed care will likely lead to problems for both individual and population health (Story 1 on p. 2), including an increase in overall cancer incidence and later stage diagnosis.[4]

Despite the efforts of healthcare organizations to develop new processes to minimize exposure, many patients feel no safer returning to medical facilities for care now than they did in April.[5, 6] This presents an important opportunity for providers to take the lead and communicate more effectively with the people they serve. It also highlights the need to close the gap between perception ("It's not safe for me to go to the doctor") and reality ("We have procedures in place to keep you safe").

ON A SCALE OF 1 - 10, HOW SAFE DO YOU FEEL SEEKING CARE IN...

Facility	Mean score
A doctor's office	5.8*
A hospital for routine or scheduled care	5.4
An outpatient surgery center	5.4
A hospital for emergency care	5.2
An urgent care center	5.0

1 Do not feel safe at all — 10 Feel very safe

5.4
Total mean score in April for combination of facilities.

Number is mean score

1. Acute Hospitalizations Decrease During the COVID-19 Pandemic. (2020). *Cigna*. https://www.cigna.com/about-us/newsroom/studies-and-reports/deferring-care-during-covid-19

2. Garcia, S., Albaghdadi, M. S., Meraj, P. M., Schmidt, C., Garberich, R., Jaffer, F. A., Dixon, S., Rade, J. J., Tannenbaum, M., Chambers, J., Huang, P. P., & Henry, T. D. (2020). Reduction in ST-Segment Elevation Cardiac Catheterization Laboratory Activations in the United States During COVID-19 Pandemic. *Journal of the American College of Cardiology*, 75(22), 2871–2872. https://doi.org/10.1016/j.jacc.2020.04.011

Numerous studies have revealed the extent to which the pandemic has negatively affected care for significant physical health concerns.

Recent reports have showcased some of the potential problems:

» COVID-19-related fear led four in 10 U.S. adults to postpone or avoid medical care as of June 30, 2020.[7]

» Direct medical costs due to the pandemic could reach more than $160 billion, a number that does not include costs caused by delayed care.[8]

» Tens of thousands of excess deaths due to breast, colorectal and other cancers are likely over the next decade, according to models developed in the Summer of 2020.[4, 9]

A report from CIGNA noted the dramatic decline in hospitalizations for acute, often life-threatening conditions.[1]

Condition	Relative Reduction (Feb. - Mar. 2020)
Acute coronary syndromes	11%
Acute appendicitis	13%
Aortic aneurysm and dissection	22%
Gastrointestinal bleed	24%
Epilepsy and seizure	28%
Transient ischemic attack	31%
Atrial fibrillation	35%

Significantly fewer procedures were carried out for patients experiencing acute myocardial infarction or heart attack early in the pandemic.[2]

Total Number of STEMI Activations

2019: JAN 222, FEB 181, MAR 208
2020: JAN 222, FEB 190, MAR 138
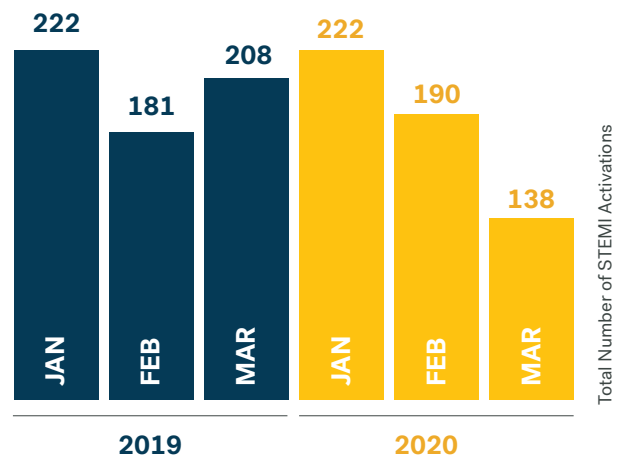
3. Ganson, K. T., Weiser, S. D., Tsai, A. C., & Nagata, J. M. (2020). Associations between Anxiety and Depression Symptoms and Medical Care Avoidance during COVID-19. *Journal of General Internal Medicine*, 1–3. Advance online publication. https://doi.org/10.1007/s11606-020-06156-8

4. Kaufman, H. W., Chen, Z., Niles, J., & Fesko, Y. (2020). Changes in the Number of US Patients with Newly Identified Cancer Before and During the Coronavirus Disease 2019 (COVID-19) Pandemic. *JAMA Network Open*, 3(8), e2017267. https://doi.org/10.1001/jamanetworkopen.2020.17267

5. Jarrard Phillips Cate & Hancock. (2020, May). *Coronavirus and Its Impact on US Healthcare Providers*. https://jarrardinc.com/covid-services/covid-19-resource-national-coronavirus-survey-results/

6. Jarrard Phillips Cate & Hancock. (2020, September). *The Opportunity of Trust*. https://jarrardinc.com/national-survey-request/

7. Czeisler, M., Marynak, K., Clarke, K. E. N., Salah, Z., Shakya, I., Thierry, J. A. M., Ali, N., McMillan, H., Wiley, J. F., Weaver, M. D., Czeisler, C. A., Rajaratnam, S. M. W., & Howard, M. E. (2020). Delay or avoidance of medical care because of COVID-19-Related Concerns - United States, June 2020. *Morbidity and Mortality Weekly Report*, 69(36). https://doi.org/10.15585/mmwr.mm6936a4

8. Bartsch, S. M., Ferguson, M. C., McKinnell, J. A., O'Shea, K. J., Wedlock, P. T., Siegmund, S. S., & Lee, B. Y. (2020). The Potential Health Care Costs and Resource Use Associated with COVID-19 in the United States. *Health Affairs*, 39(6), 927–935. https://doi.org/10.1377/hlthaff.2020.00426

9. Sharpless, N. E. (2020). COVID-19 and cancer. *Science*, 368(6497), 1290. https://doi.org/10.1126/science.abd3377

THE PANDEMIC AND MENTAL HEALTH

According to Time Magazine, more than a quarter of American adults met the criteria for serious mental distress and illness.[10]

A May article in The Atlantic titled "Is Everyone Depressed?" noted the percentage of people who meet the criteria for clinical depression has likely increased by an order of magnitude – from five to seven percent to as much as 50 percent of the U.S. with depressive symptoms.[11]

In mid-August, the CDC report Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic, stated that "during late June, 40 percent of U.S. adults reported struggling with mental health or substance use." Furthermore, symptoms of anxiety and depressive disorder were both dramatically higher than the year before[12] (Story 2 on p. 2).

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10. Heid, M. (2020, May 7). COVID-19's Psychological Toll: Mental Distress Among Americans Has Tripled During the Pandemic Compared to 2018. *Time*. https://time.com/5833619/mental-health-coronavirus/

11. Hamblin, J. (2020, May 22). Am I Depressed? The Coronavirus Mental-Health Crisis. *The Atlantic*. https://www.theatlantic.com/health/archive/2020/05/depression-coronavirus/611986/

12. Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Weaver, M. D., Robbins, R., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, 69(32), 1049–1057. https://doi.org/10.15585/mmwr.mm6932a1

The way forward: caring for the public and caregivers

Clearly, the public needs reassurance to become comfortable returning to medical settings. Providers, particularly clinical staff, are highly trusted when it comes to delivering healthcare information. They can and should play an important role in educating and supporting patients who need care, as well as advancing critical health information with the public.

But that can only happen if they feel comfortable themselves. A survey from Jarrard Inc. showed that healthcare workers and their families tend to be more skeptical of healthcare settings than the general public, and slightly less trusting of healthcare providers.[6]

	Overall	Healthcare household (22% of sample)	Non-healthcare household (78% of sample)
TRUST A GREAT DEAL			
Doctors	**53%**	**48%**	**55%**
Nurses	**51%**	**46%**	**53%**
Hospitals	**43%**	**39%**	**44%**

That is problematic for leaders looking to rely on clinical staff to deliver important health and safety information. While doctors and nurses can be trusted advocates for an organization and its messaging, they can also be great detractors if they don't trust the message. Assuming they have the necessary operational pieces in place (a subject beyond the scope of this paper), leaders next have an imperative to address fear within their own teams, particularly front-line workers in direct contact with patients with COVID-19. These workers must be equipped with the right tools, messaging and support structures to serve as public-facing advocates.*

What is needed is a roadmap for creating and delivering the appropriate messages to allay anxiety and fear and shift the way people think about healthcare in the wake of the pandemic.

> **That roadmap begins with a communications strategy that reflects a "best practice" approach to managing anxiety and fear:**
>
> » Create a "holding environment."
>
> » Convert generalized anxiety to manageable fear.
>
> » Identify and support the most appropriate messengers.
>
> » Deploy tactics that "desensitize" people.

Each concept should be applied to three broad groups: healthcare professionals, their patients and the public at-large. We describe a three-pronged approach:

1. A framework for healthcare leaders to create a comfortable and safe environment for providers and staff.

2. A targeted approach for clinicians to reach patients at greatest risk for delaying care.

3. A broad communication campaign to reach the general population, emphasizing the healthcare system as the trusted source of information.

By explaining how the stages and concepts apply to the three cohorts, we demonstrate how the framework works in multiple scenarios. Also, the exercise provides each group with a larger context for understanding what others are experiencing in this moment.

For more, see the Chartis white paper, COVID-19 Behavioral Health Impact on Frontline Worker.

Clinical Concept 1

Create a "holding environment" to make it safe to share their thoughts and fears.

Individuals experiencing anxiety need to know they are heard and understood.

The concept of a "holding environment" was developed by Donald Winnicott, a psychiatrist with a pediatric background who understood the importance of a nurturing environment for the healthy childhood growth.[13] This requires the therapist to be compassionate and empathetic about the patient's emotional state. It also means that the patient has someone to depend on who is present, reliable, supportive and trustworthy.

Do's and Don'ts

TO HEALTHCARE LEADERS:

Do develop a staged approach to communication with initial efforts focused on acknowledging the challenges and encouraging reflection before jumping to problem-solving.

Don't pack too much information in early messaging. Simple bulleted statements are easier than full paragraphs to digest and remember.

TO CLINICIANS:

Do gauge your patients' readiness to discuss their anxiety and fears.

Don't use judgmental/dismissive statements or engage in early efforts to address their challenges.

13. Finlay, L. (2015). Holding, Containing and Boundarying. In *Relational Integrative Psychotherapy* (1st ed., pp. 59–75). Wiley-Blackwell. http://relational-integrative-psychotherapy.uk/chapters/holding-containing-and-boundarying/

Application for Communications

HEALTHCARE LEADERS ➡ CLINICIANS & STAFF:

» Provide multiple feedback channels for staff. Include real-time (town-halls and personal meetings) and asynchronous mechanisms (surveys, emails).

» Use those channels to ask explicitly how people are doing, what they are worried about.

» Monitor feedback to understand the underlying sentiment about your organization and the general emotional status of your staff.

» Compile, process and respond to feedback so people know they have been heard and are taken seriously.

CLINICIANS ➡ PATIENTS:

» Engage patients with open-ended questions regarding concerns and fears, rather than a series of yes/no questions. They will feel that you are truly listening to them.

» When they finish, play it back to them to ensure that you heard it right. This clarifies that what you heard was correct and validates that you heard them and are paying attention to their concerns.

» Resist the urge to confront unless/until a therapeutic (trusting) alliance is established.

» The primary goal of communication at this stage is to create a safe place for patients.

HEALTHCARE LEADERS ➡ THE PUBLIC:

» Ask about the public's emotional state. ("How are people feeling about returning to care?" and, "Do people know what their healthcare providers are doing to keep patients safe?")

» Acknowledge the fears.

» Reaffirm the provider's commitment to safety and care.

Clinical Concept 2

Converting generalized anxiety to manageable fear.

For therapy to be effective in patients with generalized anxiety, it is necessary to understand what factors contribute the most to their sense of worry and foreboding.

It is often difficult for them to verbalize their feelings (either to themselves or others) due to embarrassment or shame. Once a safe space has been established, it is important that patients talk about what specifically is overwhelming. The goal is to unpack the anxiety to uncover "tangible" opportunities for intervention, identifying the most important priorities.

Do's and Don'ts

TO HEALTHCARE LEADERS:

Do be responsibly transparent about the facts, their source and what information is not known.

Don't use scare tactics or other approaches that risk creating more anxiety and resistance.

TO CLINICIANS:

Do begin to gently push to understand causes of anxiety and fear.

Don't jump too quickly to problem-solving unless the patient is clearly ready to go there.

Application for Communications

HEALTHCARE LEADERS ➡ CLINICIANS & STAFF:

» Avoid being vague. Create explicit messages noting specific concerns and how they are being addressed.

» Encourage staff to express concerns to their managers.

» Offer frequent, consistent messages that acknowledge concerns and present facts.

» Be transparent about how leadership is experiencing and dealing with similar concerns.

» Show how the organization is responding to those fears.

CLINICIANS ➡ PATIENTS:

» Encourage patients to open up about anxiety.

» Seek to identify fears regarding return to care.

» At every step, gently seek clarification and avoid direct confrontation.

» Clarify by countering with facts, being both empathetic and dispassionate.

» Determine the best time to bring up risks and benefits of care delay, ensuring that the therapeutic alliance is well established.

CLINICIANS & LEADERS ➡ THE PUBLIC:

» Avoid being vague. Create explicit messages about specific concerns.

» Encourage the public to talk to their doctor about concerns.

» Present additional resources.

» Clarify by countering with facts.

» Don't just give facts. Illustrate your point using stories and examples.

» Whether in person or in larger campaigns, use a reassuring tone.

» Incorporate many voices – from administration to environmental services – to present a unified message.

Clinical Concept 3

Identify and support the most appropriate messengers on your team.

The success of a clinical relationship depends on a good match between patient and clinician.

Does the clinician have the skillset and experience to understand and address the patient's concerns? To be effective communicators, clinicians must understand their patients' cultural values and background, being sensitive to personality and coping mechanisms (Story 3 on p. 2).

Team-based care that may include clinical social workers, medical assistants, care managers/ nurse navigators and front-line staff enables practices to draw on a wide range of expertise to support patients. By working together, team members learn how to approach patients in a consistent manner, developing command of verbal scripts. As a result, patients feel they can talk to anyone on the team which creates a "holding environment" that lessens anxiety and improves adherence. This also markedly decompresses demands on any one team member, particularly physicians.

Do's and Don'ts

TO HEALTHCARE LEADERS:

Do engage your staff in identifying both the messenger and messaging required to address concerns and fears.

Don't ignore the planning required to develop an effective communication process.

TO CLINICIANS:

Do engage a broader team in supporting patients.

Don't treat staff as interchangeable, but recognize the unique role, experience and expertise that each staff member can bring to the care process.

Application for Communications

HEALTHCARE LEADERS ➡ CLINICIANS & STAFF:

» Identify audience needs: Cultural background, educational background, role within the organization and specific concerns.

» Identify appropriate channels/media, taking into account schedules and preferred mode of communication.

» Bring all stakeholders – clinical, marketing/ communications and even operations – to the table to identify the right messenger and refine the message.

» Identify the right messenger, the trusted voice – often a fellow clinician or clinical leader.

CLINICIANS ➡ PATIENTS:

» Engage clinical teams and front office staff about their respective roles in supporting patients who need care but are avoiding it due to anxiety and fear.

» Include behavioral health clinicians in development of communications that consider patients' culture, use appropriate language to address needs and provide guidance and support for team members.

» Plan ahead for key interactions, such as team huddles.

» Be direct with the patient about the reason for engaging other team members in supporting their care.

CLINICIANS & LEADERS ➡ THE PUBLIC:

» Identify spokespeople with two essential elements: a trusted position and the skills and personality to connect with the audience.

» Develop targeted messages aligned with the audience's cultural background, educational background and language preference.

» Train and support the spokespeople for a sustained campaign. It's not one-and-done.

Clinical Concept 4

Deploy tactics that "desensitize" patients to the fear.

An important approach to reducing fear and anxiety is the use of desensitization.

Originally developed in the 1950s to address fears related to specific phobias, desensitization uses a series of progressive exposures to the stimulus to significantly diminish the fear response. The therapist supports this process through cognitive approaches (e.g. facts that counter the concerns) as well as relaxation techniques. Desensitization provides constant, low-level messaging that is better tolerated than being flooded with information that is difficult to hear. This helps patients to reduce their desire to avoid the fear (such avoidance creates a vicious cycle of feeling even more isolated, greater perseveration about the fear and the creation of a more frightening internal narrative that leads to even more anxiety and fear).

Do's and Don'ts

TO HEALTHCARE LEADERS:

Do consider this work as you would a "campaign," akin to fundraising and development efforts, deploying multiple types of messages and mediums to get the message out.

Don't minimize the need for consistent attention to the process; as long as the pandemic is a perceived risk, sustained communication about safety is critical.

TO CLINICIANS:

Do appreciate that addressing patient fears and concerns may require a multi-faceted approach with consistent messaging that patients can hear.

Don't expect patient anxieties to be allayed completely, so that continued support may be required to keep them engaged in the care process.

Application for Communications

HEALTHCARE LEADERS ➡ CLINICIANS & STAFF:

» Increase communications – repetition is key.

» Develop a cadence for messages and set expectations among those creating the messages and those receiving it. "Expect to hear from us each morning."

» Use a varied set of media options.

» Take every opportunity to listen. Find out how people are responding to the messages and ask what else they need.

CLINICIANS ➡ PATIENTS:

» Give messages frequently with plenty of time to process.

» Vary messages so they are enjoyable to read (consider interesting vignettes) – patients look forward to the messages, finding them soothing.

» Diversify mediums; consider texts and routine e-mails with distilled messages. Example: daily text message that provides update regarding new approaches that organization is taking to keep safe. Weekly message can be by email to summarize/synthesize information from daily messaging.

CLINICIANS & LEADERS ➡ THE PUBLIC

» Increase communications: Plan for a consistent, regular cadence of information to reinforce messages.

» Continue presenting the core messages, but, over time, add to it as necessary. Build the full narrative bit by bit.

» Use a varied set of media options.

Conclusion

This is a pivotal moment for healthcare organizations as they face an unprecedented, existential threat.

The consequences of delayed care due to safety concerns have led to unsustainable financial losses for hospitals and health systems. The long-term impact on overall healthcare costs by delays in care will be equally staggering. By incorporating psychological approaches that are proven effective in addressing clinical symptoms, clinicians and healthcare leaders will be more effective in communicating the message that it is both important and safe to return to care.

At the same time, those lessons and actions – the framework defined here – can be applied in moments outside of today's crisis. Rethinking how messages are created and delivered can help provide stability and build trust even during normal times.

It is a moment for healthcare leaders to evaluate their communications strategies and, if necessary, make changes that will help them fulfill their missions to provide care and support to patients, the public and employees.

Now is the time to:

Create an environment that both comforts and encourages the fearful and anxious to discuss those emotions.

Provide channels in which patients can comfortably share their concerns and be receptive to learning about how healthcare organizations are making it safe to return to care.

Identify the right messengers to carry messages of safety to the appropriate audiences, with a particular focus on what the audience needs, not what the provider thinks they need.

Speak often, consistently and through accessible channels.

These clear – though not easy – approaches can help align the mission of providers with the needs of patients while mitigating the financial and operational concerns of their organizations. In the long run, this will help to create a more sustainable future for all.

About The Chartis Group

Chartis provides comprehensive advisory services and analytics to the healthcare industry. With an unparalleled depth of expertise in strategic planning, performance excellence, informatics and technology, digital, health analytics and clinical quality, we are guiding hundreds of leading academic medical centers, integrated delivery networks, children's hospitals, medical groups and healthcare service organizations as they navigate next.

For more information, visit chartis.com.

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About Jarrard Inc.

Jarrard Phillips Cate & Hancock, Inc. is a strategic communications consulting firm devoted to helping healthcare providers navigate change, challenge and opportunity. Ranked a top-10 firm nationally, Jarrard Inc. has guided leaders at more than 500 healthcare organizations across the country through high-stakes moments, including M&A, crisis, significant growth, and systemic internal change.

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