

---

# LEARNING FROM THE CRISIS

**T**he COVID-19 crisis has created more turbulence and disruption for our healthcare system than any event in recent memory. And as many have noted (see for instance the thoughtful piece on innovation at Penn Medicine<sup>1</sup>), years of innovation and change have been packed into months of response by a system stretched to capacity but ultimately able to bravely hold itself together and respond to the crisis. While organizations intensely focus on their response to the urgency of the moment, there has been little time to look beyond what *Forbes* called “the innovation bubble”<sup>2</sup> to the middle and longer-term horizons—to reflect on these urgent innovations and consider how they might help us prepare for the future.

As we ready ourselves for whatever comes next, most likely a new normal with ongoing waves of disruption, organizations can ask themselves a series of questions that will help them learn from the crisis:

- What forces of change have emerged that will have a positive impact on health and healthcare going forward, and how will they impact your work and the patients you serve?
- What innovations from COVID-19 are valuable to carry forward, and which would best be left behind?
- What can you learn about the culture of your organization through this stress test? In what ways has culture helped you weather the crisis thus far? And where has your culture been stretched, perhaps to a near breaking point?

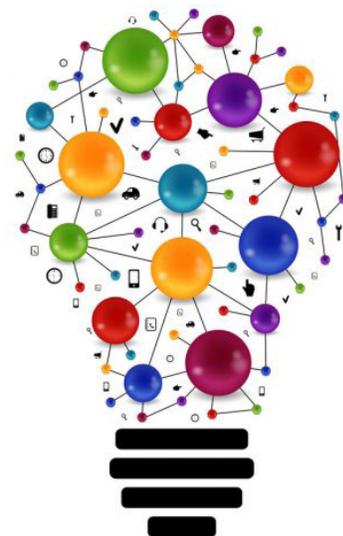
Working with clients across the healthcare ecology, we have observed a lot from which to learn and upon which to reflect.

On the positive side, there have been a whole series of rapid innovations that organizations can take forward. Our colleague Elizabeth Armstrong from the Harvard Macy Institute sees these as “silver linings”—good news we can glean from these stormy times.<sup>3</sup> These silver linings have made differences both small and large, including:

- The discovery that proning COVID patients facedown helps their breathing and makes them less likely to need intubation and require going onto a ventilator.
- The rapid shift to telehealth for many formerly face-to-face visits, including behavioral health, that can keep patients out of the hospital and have a huge positive impact for both providers and the public. Payers’ willingness to reimburse these telehealth visits made a significant difference in enabling the spread of these virtual modalities. Whether we see a continuation of digital healthcare or a significant return to face-to-face encounters that work well virtually remains to be seen.
- The remarkable ability for pharmaceutical companies to rapidly innovate and develop medicines, including vaccines moving through clinical trials. The ability to dial up the timeline and marshal capital and federal dollars here has been critical. We all eagerly await the results of these trials and are already seeing benefits from COVID-19 related treatments.

## LEARNING IN THE THICK OF IT

We encourage organizations to take stock now of the rapid innovations they have experienced and consider which to sustain and how (and which to leave behind). We look at these as “found pilots,”<sup>4</sup> home-grown innovations from which organizations can learn and build on for their desired future. An after-action review would be an ideal tool to use to do this work. We also encourage organizations to consider what they can learn about their culture through this crisis. Some relevant cultural questions include:



- Were providers easily able to work together across professional roles and hospital units or not? And what enabled this collaboration when and where it worked?
- Did decisions get made in ways that were experienced as agile and supportive? Or too top-down and rushed?
- Did staff feel appreciated as much inside the organization as they were celebrated outside of it?

A timely conversation about your organizational culture, how it has supported innovation (or resisted it), and the cultural assets you can build on into the future can provide a helpful focus for learning from this moment.

On a more challenging note, it is clear the crisis has opened up fissures at the system level that will need to be addressed:

- The vast disparities in resources and resilience among healthcare institutions. There are clearly hospitals and systems that have the cash flow and capital to more sustainably navigate the crisis and those that are struggling through. From a systems perspective, these disparities hurt our communities overall.
- The lack of leadership nationally which led to a lack of preparation to anticipate and respond to emerging infectious diseases in ways that learn from the COVID-19 response.
- The limits of our employee-based insurance system, as many workers have lost their jobs and subsequently their access to health insurance.
- The ability of providers to move beyond the limitations of role and scope of practice and step in during a clinical crisis.

On the broadest level, it is clear we need to build a stronger, more resilient healthcare system that truly operates as a system. As the McKinsey Global Institute noted,<sup>5</sup> “the crisis is a reminder of just how much health matters for individuals, society, and the global



economy.” The opportunity we have to learn from this crisis and advance global health is both the greatest challenge and opportunity.

Contact Barry at: [bdornfeld@cfar.com](mailto:bdornfeld@cfar.com)

For more information on this topic or related materials, contact CFAR at [info@cfar.com](mailto:info@cfar.com) or 215.320.3200 or visit our website at [www.cfar.com](http://www.cfar.com).

## REFERENCES

1. Choi, K, Srinath A, Lee K, Rosin R, and Asch D. “5 Lessons from Penn Medicine’s Crisis Response” *HBR*. June 22, 2020.
2. Jain S. “The Healthcare Innovation Bubble: Making the Most of the COVID-19 Crisis.” *Forbes*, May 10, 2020.
3. “The Harvard Macy Institute Podcast: Silver Linings – Leadership and Innovations for Health Professions Facing the COVID-19 Pandemic.” <https://www.harvardmacy.org/index.php/hmi/hmi-podcast-s1-e4>
4. CFAR. Briefing Notes: “‘Found Pilots’ in Campaigns for Strategic Change.” [http://www.cfar.com/sites/default/files/resources/BN\\_Found\\_Pilots\\_in\\_Campaigns.pdf](http://www.cfar.com/sites/default/files/resources/BN_Found_Pilots_in_Campaigns.pdf)
5. McKinsey Global Institute. “Prioritizing Health: A Prescription for Prosperity.” July 2020.

## CONTRIBUTOR:

Barry Dornfeld, PhD

To learn more about Barry, [click here](#).

## Autumn 2020

Volume 9, Number 4

## Healthcare Management Alumni Association

The Wharton School  
University of Pennsylvania  
204 Colonial Penn Center  
3641 Locust Walk  
Philadelphia, PA 19104  
215.898.6861 phone  
215.573.2157 fax  
[www.whartonhealthcare.org](http://www.whartonhealthcare.org)



Wharton  
ALUMNI

UNIVERSITY of PENNSYLVANIA

---

HEALTH CARE MANAGEMENT  
ALUMNI ASSOCIATION

# THE WHARTON HEALTHCARE QUARTERLY

---

AUTUMN 2020, VOLUME 9, NUMBER 4