University of Colorado Denver

HEALTH ADMINISTRATION
Research Brief

Volume 1, Issue 7
Summer 2020

STRATEGIC ORIENTATION OF MONTAGE MEDICAL GROUP DURING COVID PANDEMIC

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INTRODUCTION

Montage Medical Group (MMG) took some bold steps during the COVID onset. With COVID hitting in the state of California and Monterey County, where MMG provides healthcare services, it was a challenging period. However, MMG took the right steps in many ways to ensure that the vision and mission of the organization are minimally affected to serve its purpose. Some of the critical measures that were taken are focused on the supply chain, managing productivity, channelizing resources to the most affected service areas, incident command control, revisiting policies such as visitor restrictions, focusing on testing limitations, and finding a workaround, and use of philanthropy and donations in the critical areas.

ABOUT MONTAGE MEDICAL GROUP

Montage Medical Group (MMG) is a subsidiary of Montage Health (see Figure 1 below)1. Montage Health also owns the Community Hospital of the Monterey Peninsula (CHOMP), Aspire Health Plan and Community Health Innovations. MMG was launched to address the shortage of primary care in Monterey Peninsula in 2009. It started under the name of Peninsula Primary Care and later changed its name to MMG. Montage is a non-profit public service physician group.

FIGURE 1 (MONTAGE HEALTH SUBSIDIARIES)

MMG represents a multi-specialty group of 13 board recognized specialties and serves Monterey County, predominantly on and around the Monterey Peninsula, with five office locations from Marina in the north to Carmel in the south. MMG envisions to provide optimal care to patients at every stage of life and achieves that through care and caring. Physician leadership is very much part of the organization at all levels. In 2015, the National Committee for Quality Assurance (NCQA) awarded the highest recognition (Level 3 Patient-Centered Medical Homes) to MMG at Carmel and Marina. Ryan Ranch is currently undergoing NCQA PCMH certification.

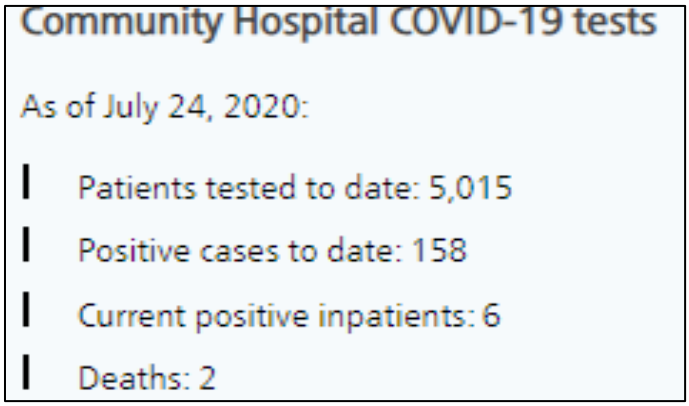
FIGURE 2 (COVID IN MONTEREY COUNTY BY JULY 26, 2020)

4,002	252	23	2,444	10,473
Confirmed Cases	Hospitalizations (Cumulative)	Deaths	Recovered	Contacts

THE ONSET OF COVID IN MONTEREY COUNTY

California Department of Public Health got to know the first COVID case in the state on January 31, 2020[2]. Following this, Monterrey County announced a local emergency to prepare and mobilize resources to face the pandemic on March 06, 2020.[3]The first case of COVID in Monterey County was reported on March 17, 2020, when two county residents tested positive[4] , and the first death due to COVID 19 was reported on March 21, 2020.[5] On April 06, 2020, Monterey County Operational Area Emergency Operations Center (EOC) raised the activation level to 1 to support the Monterey County Health Department to respond to this pandemic. Priorities were given to the following areas for resource allocation, and response: (1) Life Safety (2) Reduce Suffering (3) Protecting Property (4) Protecting Environment (5) Restoring Basic Services (6) Ensuring Economic and Economic Resiliency.[6]

FIGURE 3



The summary report of COVID cases in the county as of July 26, 2020, is presented below in Figure 2. The County of Monterey health department provides regular updates on

[1] https://www.montagemedicalgroup.org/home/about-us/#.Xx3BKZ5KiUk

[2] https://www.co.monterey.ca.us/Home/ShowDocument?id=85 960

[3] https://www.co.monterey.ca.us/Home/Components/News/News/6095/1336?npage=3&arch=1

[4] https://www.co.monterey.ca.us/Home/Components/News/News/6131/1336

[5] https://www.co.monterey.ca.us/Home/Components/News/News/6155/1336?npage=2&arch=1

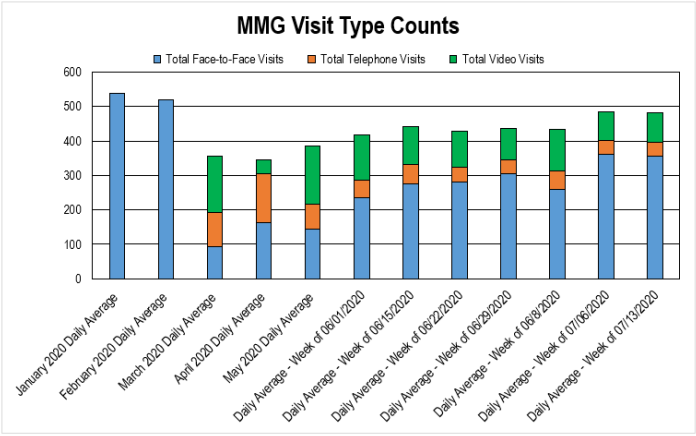
[6] https://www.co.monterey.ca.us/Home/Components/News/News/6211/1336?arch=1

COVID cases in the county.[7] Figure 3 provides a summary of the COVID 19 cases at the community hospital as of July 24, 2020.[8]

HIGHLIGHTS OF MMG DURING COVID PERIOD

(1) Productivity: Productivity of MMG dropped between 25 – 47 %, depending on the line of service, in the first month following the cancelation of all non-emergent medical services. MMG providers rapidly pivoted to virtual health channels to meet patients' needs and closely followed and applied emerging payor allowances to compensate for telehealth services. The rapid adoption of telehealth and the gradual return of face to face visits is shown in the figure below.

FIGURE 4



The number of hospital outpatient visits dropped by 70% while the inpatient numbers went down by 40%. That was a significant reduction. To reduce the risk of transmission and to channelize the money to other areas such as buying of PPEs and preparing for additional beds in anticipation of a surge, all non-urgent services and procedures were restricted or suspended initially, with a gradual and orchestrated reintroduction of services starting in June.

The hospital did lose money but also had a strong balance sheet. They do not have many hospitals and were prepared to make adjustments to the financial side. Some of the staff at the clinic and hospital were furloughed, and there were mandatory reductions in work hours of 10% to 20% for remaining staff and MMG providers. The Executive Team led this reduction by example. In addition, a fund to help support staff with financial challenges was established through donations of the Executive Team.

(2) Incident Command Center: The hospital had an incident command center in place for the last ten years. California is prone to natural disasters (forest fire, rain plane crash, etc.), and so all the drills were in place. The incident command team took charge immediately. They had daily meetings involving staff and facilities and had a high degree of preparedness and activities. Ventilators were up and running. During COVID, the community came together to expand the incident command team service not just for the hospital but beyond it, such as the community people's health level.

FIGURE 5: A TENT AT MMG DURING COVID

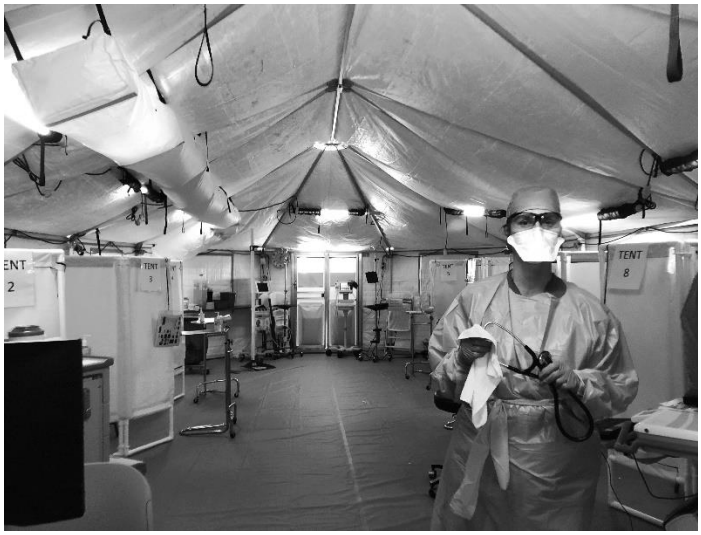


FIGURE 6: INVENTORY AT MMG FOR COVID SITUATION

(3) Supply Chain: There was a shortage of N95 masks in the beginning when COVID was reported. There was a resurgence of COVID in the county, but not very much to the extent that the situation got out of control. At the same time, boxes of surgical masks/sanitizers disappeared.

Chief Financial Officer (CFO) had to cut deals as much as possible for Personal Protective Equipment (PPEs) and

[7] https://www.co.monterey.ca.us/government/departments-a-h/health/diseases/2019-novel-coronavirus-covid-19/2019-novel-coronavirus-2019-ncov-local-data-10219

[8] https://www.chomp.org/coronavirus/#.Xx3FBp5KiUl

also had to look for alternate sources. Some of the sources worked, and some did not. Table 1 below shows the list of non-traditional vendor purchases during the pandemic. However, they were able to get supplies. Staff was encouraged to use the cloth mask if there is not a requirement for N95/Surgical Masks. To reduce the need of N95 masks, the hospital had to stop some procedures. On the clinical side, they had telehealth options. There was much focus to minimize the burn rate of PPEs and the extended use of PPEs. Additionally, a UV sterilization unit (MoonBeam) was acquired in anticipation of future shortages.

TABLE 1: NON-TRADITIONAL VENDOR PURCHASES DURING THE PANDEMIC

Name	Products	How they were found
Amazon Business Prime	Safety Glasses, Sani Wipes, Sanitizers, Face Shields	Internal hospital referral
Wolf Medical	Sani Wipes	Email referral
McMaster Carr	Safety Goggles	Email referral
Project Graphics	Safety Goggles, Procedure Masks	Internal hospital referral
Kidwell's Paint Store	Safety Goggles	Local resident referral
Ace Hardware	Safety Goggles	Local resident referral
Dependable Packaging and Safety	Shoe Cover Booties	Online referral
School Health Corporation	Thermometers	Online referral
Laird Plastics	Face Shields	External hospital referral
McConkey Company	Face Shields	External hospital referral
Jenco Products	Face Shields	Online referral
U.S. Plastics	Safety Glasses	External hospital referral
Perfect Form Manufacturing	Face Shields	Phone referral
Supreme Medical	N95 Masks	Online referral
Grayline Medical	N95 Masks, Procedure Masks	Online referral
YHS Trading	Sanitizer, Face masks	Internal hospital referral
Keckler Medical	UV System for Disinfection, Sanitizers	Internal hospital referral
YSP Global	Shoe Covers, Hand Sanitizer	Phone referral
Dorrell Fabrics	Procedure Masks	Internal hospital referral

(4) Testing: There was a shortage of "rapid" testing. To get away around, Public health officials in California's state capital region announced in mid-Mar, 2020 that they would stop tracing the contacts of patients diagnosed with the novel coronavirus. At the same time, they have also ceased recommending quarantines for residents with potential exposure to COVID[9]—however, that was not the case in the Monterey county. The situation was challenging, but testing or tracing was never stopped.

(5) Information Flow: Much information was flowing with topics on state and local incidence and prevalence, hospital cases, testing, and the current situation during COVID. One of the greatest challenges was providing consistent guidance for patient and staff quarantine after suspected or confirmed COVID exposure. Another challenge was to address many conflicting and sometimes competing sources of information from expert and lay media. The question was to what degree the hospital and the staff are connected to CDC information. Then there was a communication channel with the county and governor. There was also the problem with District Health (conflict between regulations and science) and the fear of managing the population. Getting everyone to manage rapid information and choosing and doing the right action was a challenge.

There is a process in place for daily reporting and accountability. CDC guidelines were very much followed, and the hospital had to speak to local health and state health department sources frequently. Town halls and lunch calling sessions helped in the information flow. The team had to be mindful that there are different types of audiences. Patient connection through patient-family advisory was also helpful and vital. Also, they leveraged communication via the homepage on the website.

From the IT department perspective, there was a surge in the number of requests for reports. All the information flow from IT happens via the incident command center. There was a lot of change in dynamics in information flow. Typical customers moved from staff and employees to customers. The challenge was to communicate the change in workflows and understanding who the customer is. At the time this paper was written, the IT department was still working on the issue.

(6) Visitor Restrictions: Beginning March 20, 2020, Community hospital introduced visitor resistor restrictions to safeguard the patients, staff, and reduce transmission of the COVID virus. The number of visitors was reduced to one per patient.[10]

(**7) Philanthropy and donations:** Donation of $500,000 by a Carmel couple to the Montage Health Foundation led the community to offer support to Montage Health in the form of donor-inspired drive. Donations helped in providing

[9] https://khn.org/news/testing-shortages-force-extreme-shift-in-strategy-by-local-health-officials/

[10] https://www.chomp.org/news/2020-news/chomp-increases-visitor-restrictions/#.Xx4L255KiUl

critical resources for patients and healthcare workers in the form of medical supplies, additional medical equipment, supplemental staffing, and staff support.[11]

CONCLUSION

Montage Medical Group has done a tremendous job in its fight with the COVID pandemic and ensuring that they can provide as much support as they can for the safety and well-being of its community members.

ACKNOWLEDGMENTS

This research brief was prepared as an exercise to collect examples of good practices and innovations for the Supply, Logistics, and Infrastructure (SLI) Working Group of 'Beyond COVID-19' Task Force of the International Hospital Federation (IHF). Dr. Jiban Khuntia is a member of the SLI group of the Task Force, and Dr. Rulon Stacey is an honorary member of the CEO Circle of IHF. The authors thank the task force members and IHF on their directive and support for pursuing these cases.

The authors also thank Laura Zehm, Sr. VP and Chief Admin Officer, Jill Tiongco, MD, Internal med physician. Telehealth during the COVID pandemic, Jamie Nordeen, Director for strategy, Brandon Drezner, Enterprise architecture for Montage, IT, and Mark Carvalho, MD, CEO of Montage Medical Group for agreeing to be interviewed and providing several valuable inputs. Executives at Montage are of special mention to step up to share their experiences, while still being in the COVID pandemic situation

CITE THIS RESEARCH BRIEF AS:

Khuntia J., Pradhan A., Tanniru M. (2020). Strategic Orientation of Montage Medical Group During COVID Pandemic. Health Administration Research Brief, University of Colorado Denver, Vol. 1, Issue 6, pp. 1-6.

[11] https://www.chomp.org/news/2020-news/donor-inspired-covid-19-fundraising-drive/#.Xx4L655KiUl