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The COVID-19 Pandemic and Seniors: A Look at Racial Health Disparities
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Chairman Collins, Ranking Member Casey and Members of the U.S. Senate Special Committee on Aging:

My name is Gene Woods and I am the president and chief executive officer for Atrium Health, one of the most comprehensive and highly integrated, not-for-profit healthcare systems in the nation. With nearly 30 years of healthcare experience, I joined Atrium Health in April 2016, having overseen non-profit and for-profit managed hospitals, academic and community-based delivery systems and rural and urban facilities, as well as serving as the previous chair of the American Hospital Association (AHA). As a multi-racial healthcare executive, I am most passionate about protecting and expanding access and coverage to all Americans, better engaging with our communities to advance positive health outcomes and achieving equity of care by eliminating health disparities.

It is now my great honor to present my written testimony to the U.S. Senate Special Committee on Aging on behalf of our 70,000 Atrium Health teammates, detailing some of the many successes we have achieved and lessons we have learned during this unprecedented pandemic period, including about the racial health disparities of our aging population.

[About Atrium Health](#)

It's quite remarkable to think back to our humble beginnings in 1940 when a group of ambitious, young clinicians, not being satisfied with the services available to the public, relentlessly lobbied for a new hospital to better meet the needs of the community. Over time, we have evolved from these simple roots, understanding that our responsibilities are becoming less about what happens inside our hospitals and more about what happens in our communities; less about what our clinicians are telling our patients and more about what patients are telling us. In fact, it is less about healthcare and more about health. Today, we're proud to be known as one of the nation's leading health organizations. Our mission to improve health, elevate hope and advance healing – FOR ALL is forever bound to our rich heritage.



When it comes to keeping populations healthy, we know that our responsibilities do not begin or end at the hospital door. This important work starts in our own backyard and particularly within vulnerable neighborhoods – areas that do not have enough access to health services or fresh foods and where the rates of diabetes and heart disease are above the national average. So, we're bringing people and organizations together in new ways and collaborating on what matters most.

With 41 hospitals located across the Carolinas and Georgia and a \$11.5 billion net operating revenue, we serve a population of 7.8 million. We are also the largest provider of community benefit (i.e., the value we give back to our community in uncompensated care, medical education, cash and in-kind contributions, community-building activities, etc.) in North Carolina. In recent years, we have provided over \$2 billion annually in total community benefit to the communities we serve, which translates to roughly \$5.7 million every day. And with world-class service lines in Cancer, Children's, Heart & Vascular, Neuroscience, Musculoskeletal and Surgery & Transplant, we are recognized by our patients and industry experts to be among the best of the best, demonstrating that healthcare can be both exceptional and compassionate at the same time.

Atrium Health has also been recognized as one of the Best Employers for Diversity, for new grads and for Women by *Forbes*; number one on the list of Best Places to Work for Women & Diverse Managers by DiversityMBA; one of the 150 Top Places to Work in Healthcare by *Becker's Healthcare*; and the number one military-friendly employer in the country. In addition, our organization has been recognized by *U.S. News & World Report*, Leapfrog Group and the American Nurses Credentialing Center as among the very best in the nation and honored by the American Hospital Association with the Equity of Care Award and one of its first-ever Quest for Quality honors.

Most recently, Atrium Health was recognized by the Centers for Medicare & Medicaid Services (CMS) as a 2020 CMS Health Equity Award recipient for its dedication to health equity by reducing disparities, enabling communities to achieve the highest level of health. Atrium Health is one of only two organizations to win this prestigious award this year and is the only non-profit healthcare system in the nation to be recognized by CMS in this manner.

[Our COVID-19 Journey](#)

Eighty years ago, our organization rose from the ashes of the Great Depression as Charlotte Memorial Hospital. It was a time when institutions of every kind were struggling economically, and our country was being further strained by war. And while born in the midst of uncertainty, through all the twists and turns in our storied history, we have become stronger in the face of each new challenge.



Fast forward to today – facing the challenges brought by the novel coronavirus, COVID-19 – our resolute perseverance and passion to help others have never shined brighter. From within our care facilities to the makeshift offices now set up within their homes, every single member of our Atrium Health family is playing a unique role in protecting the health and safety of our patients, loved ones, friends and neighbors throughout this pandemic. Working together, during some of the largest and hardest days, our teammates are bringing health, hope and healing – FOR ALL front and center in new and remarkable ways, demonstrating undeniable courage and dedication.

From where each of you sit, it may be hard to see the tremendous difference you, our elected officials, are making in our ability to care for the American public. The COVID-19 emergency funding has helped keep our teammates employed and enabled us to seamlessly provide care for all of our patients and the communities we serve. Government actions have enabled us to come together to purchase and secure vast quantities of critical materials in short supply. Your policies have also allowed the deployment of financial resources to where they are most needed. As you begin debate on the next relief package, Atrium Health would like to thank you for what you have done for this country these past few months. As you know, we are not out of the woods and ask for your continued, ongoing support for emergency funding for healthcare.

Policy Recommendation #1:

We urge you to support Medicare Advanced Payment loan forgiveness as part of the next COVID-19 relief package. By allowing providers to retain funds which have already been deployed is a straightforward way to keep the healthcare infrastructure solvent in this emergency period.

Situational Update

While we have been combatting COVID-19 for over five months now, it seems like yesterday when our Infection Prevention, Emergency Management and clinical teams began preparing for the arrival of the pandemic, shortly after the first of the year. By early March, we had activated our emergency operations incident command center and shifted all operational and organizational protocols to adjust for the expected demands of COVID-19. On March 9, we admitted our first COVID-19 patient.

As of Wednesday, July 15, Atrium Health has tested more than 108,000 patients for COVID-19, and we are now performing up to 2,300 tests per day. We are fortunate to be one of the few hospital systems in the nation that can process test results at our own, in-house laboratory. That has enabled us to better serve our community, despite the continued challenges of an insufficient supply of the reagents needed to complete the testing process.



With our in-house laboratory, we have the capacity to process more than 4,000 tests per day. International shortages of reagents and specialized plastics needed for collection have limited us to well below capacity on a daily basis. We have explored all avenues to secure additional supplies, however, manufacturers simply do not have anything more to give.

Policy Recommendation #2:

A short-term remedy to the testing supply shortage may be to provide visibility into where supplies are being deployed. Much in the same way that the hospital industry reallocated ventilators during the early days of the pandemic, we believe a national registry would allow public health experts to allocate testing supplies based on need. Please consider calling on the Department of Health and Human Services to provide a report on testing supply availability and allocation to enable a sophisticated public health-oriented testing supply distribution strategy.

Policy Recommendation #3:

This Committee should consider using its oversight authority to ensure the country is prepared for mass vaccinations and well-positioned to mitigate challenges, such as supply shortages.

Recent weeks have been extremely difficult. Within our system, the number of lives COVID-19 has claimed has climbed, with more than a death per day over the past month. However, in terms of equipment and supplies, with more knowledge, experience and therapeutics we are using ventilators less often and lengths of stay for COVID-19 patients has decreased. We are also in a much better place with our personal protective equipment (PPE) than we were in March. During North Carolina's stay-at-home orders this spring, we delayed all non-essential surgeries and procedures. However, following clinical reentry, we are catching up on delayed care and are now at our "normal" pre-COVID occupancy levels, despite the increasing number of COVID-19 cases in our system and our communities.

Atrium Health COVID-19 Virtual Hospital

As we continue to look ahead, preparing for a potentially growing number of people in our community with COVID-19, we've had a laser-like focus on expanding hospital capacity. And beyond physical space, we have also been embracing virtual care like never before. So much so that Atrium Health is leading the country with our efforts. Our new Atrium Health COVID-19 Virtual Hospital, which we opened on March 20, is enabling us to care for hundreds of patients at a time from the comfort of their homes.



The Atrium Health COVID-19 Virtual Hospital consists of two levels of care: an observation unit for patients with mild symptoms and an acute unit for patients experiencing symptoms that would typically require inpatient hospitalization. Principal components of this model of care include telephonic assessment and monitoring by a registered nurse, as well as daily provider virtual visits and in-home care provided by community paramedics for the most acutely ill.

To date, the Atrium Health COVID-19 Virtual Hospital has cared for nearly 11,000 COVID-19 positive patients, with an average daily census of over 2,000 patients. In addition to the significant impact on improved clinical outcomes, the virtual hospital has created additional inpatient bed capacity, resulted in less PPE use and helped limit the community spread of the virus. Patient feedback has been overwhelmingly positive as they report feeling less fearful and alone throughout their illness.

Policy Recommendation #4:

We are joined by hospitals and providers across the country in calling for permanent coverage for telemedicine services. Access to quality care is a persistent challenge for urban, at-risk and rural communities. Transportation is also a top barrier to caring for our aging population. Payment and coverage parity for virtual care is essential to reducing health disparities. CMS's decision to cover virtual care in parity with traditional settings has allowed us to maintain care for thousands of our patients throughout the COVID-19 lockdown. We urge you to maintain Medicare coverage and payment parity telemedicine policies past this national emergency.

Impact on Minority Populations

At Atrium Health, we are wired for health equity and believe deeply that to do the greatest good, we have to venture beyond our walls to meet people where they are – where they live, work and play – because all three of these social determinants affect people's health (and their lives). So, as it has become increasingly clear that minority populations are being disproportionately affected by COVID-19, we took an innovative and advanced approach, providing urgent, targeted and easy-to-access care directly to underserved communities.

Data Infrastructure

When the first COVID-19 cases appeared in our region in early-March, Atrium Health invested in our data infrastructure and built our own COVID-19 Electronic Dashboard, which provides a variety of analytics, updated every two hours, including COVID-19 positive cases and mortality, all stratified by race, ethnicity, age and test location.

We also created a COVID-19 GIS (Geographic Information System) Map, which includes COVID-19 geographical spread and hot spots, as well as geographical testing density, so that



we can better understand which communities may be experiencing barriers to testing. Included in this is the ability to view a variety of social factors such as population density, median income, higher poverty zip codes, the concentration of Blacks or Hispanics geographically, as well as the location of churches, schools and bus routes. We also developed features within our GIS map to analyze the home addresses of patients tested on specific testing days and mobile locations in order to assess the neighborhood footprint and geographical reach of our marketing outreach and grassroots communications efforts.

By the end of March, our data clearly showed there were gaps in testing for communities of color and that the majority of tests among the Black population were taking place in the Emergency Department. We then quickly developed an aggressive set of efforts to intervene and a Multi-Disciplinary COVID-Disparities Task Force was formed.

Policy Recommendation #5:

Because of our ability to operate as a system, Atrium Health was able to deliver a robust data analytics capability to ensure that our community-based programing is having an impact. These resources are often not available to communities not served by a hospital system. We urge Congress to reinvest in public health analytics to support the use of data driven, community-based interventions more consistently across the country.

Minority Testing

To address the testing disparity among underserved and minority communities, we launched our nationally leading, innovative testing model, integrating actionable GIS data with our mobile medical units. With our GIS data, our mobile units target COVID-19 hotspots in underserved neighborhoods and break down barriers to screening and testing for COVID-19 in low-income communities of color by:

- Not requiring an appointment or provider referral
- Ensuring the ability to pay is not an inhibiting factor to screening and testing
- Screening for social determinants of health and connecting community members to services
- Staffing the units with interpreters
- Offering alternate operational hours on certain days to accommodate essential workers
- Making it clear that Atrium Health will not share an individual's immigration status nor report if a patient is undocumented
- Leveraging minority media partnerships as well as grassroots communications channels, such as church emails.
- Holding testing at locations trusted by underserved communities, such as churches and community service organizations.



- Applying a lower threshold of testing criteria, such as asymptomatic workplace exposures or participating in a protest, well before these recommendations came from the North Carolina Department of Health and Human Services.

To date, our mobile units focused on underserved communities have screened and tested nearly 13,000 community members, including nearly 3,100 interpreted encounters and nearly 650 social worker consults. We have also partnered with roughly 55 community host sites, including a variety of churches and organizations, that serve large Black and Hispanic populations.

With these efforts, by April 20 – less than a month after the start of the initiative – Atrium Health closed the gap in testing for the Black population in our area. By May 4, the gap in testing had been closed for Hispanics as well. Both populations are now being testing at higher percentages than they represent in our general patient population, respectively.

While we are proud that we have prevented and even eliminated disparities in testing among communities of color, we continue to be deeply troubled by the disparities in the percentage of positive COVID-19 tests and deaths among our Hispanic and Black neighbors. To put it into perspective, in looking at test results since the beginning of the pandemic, the percent positive rate for Blacks has been roughly double that of Whites, and the percent positive among Hispanics have been more than three times that of Blacks. According to the Brookings Institute, Black and Hispanic/Latino death rates are at least six times higher than for Whites. This shows that there is clearly more work to be done.

Policy Recommendation #6:

Health systems are able to share resources and best practices across their respective regions and have a strong track record of reducing health disparities. In addition to reinvesting in our national public health infrastructure, please reduce barriers to establishing hospital systems.

“Para Tu Salud”

In May, we convened a Hispanic COVID-19 Response Roundtable that included many key stakeholders from the Hispanic and Latino community. The goal was to hear from the community about gaps in the COVID-19 response and to get feedback about how to more effectively communicate messages and conduct additional community outreach to the Hispanic and Latino community related to the pandemic.

The result of this meeting, as well as some smaller community discussions, was the launch of our new initiative, “Para Tu Salud” – simply translated to “For Your Health” – to further educate



and inform Hispanic communities on how to stay safe and healthy relative to COVID-19. Since the launch of this initiative, we have deployed several communications tactics to target Hispanic and Latino populations. This includes developing educational materials for social media; creating videos in Spanish featuring Atrium leadership and physicians; and partnering with local Hispanic news outlets and community leaders and influencers.

Policy Recommendation #7:

For non-English speaking patients, culturally competent care begins with overcoming language barriers. This is particularly true for our aging population. Interpretation and translation services are an unfunded necessity. We encourage you to consider providing Medicare and Medicaid payment for interpreters and translators.

Impact on Aging Populations

Across the country, many skilled nursing facilities (SNFs) have been at the center of COVID-19 outbreaks due to limited resources and confined building layouts. In North Carolina, 54% of the deaths attributed to COVID-19 have come from a nursing home or residential care facility. Given widespread concerns to protect some of our most vulnerable citizens from this pandemic, Atrium Health was early to establish a set of best practices and strategies specifically designed for skilled nursing facilities.

Atrium Health Huntersville Oaks

Several months ago, our skilled nursing facility team began planning their COVID-19 response with two key objectives – (1) reduce the virus risk, spread and mortality rates for long-term care communities and (2) support reentry to facilitate hospital capacity by transferring all of our skilled nursing facility-level COVID-19 infected patients to a single, designated site. Atrium Health Huntersville Oaks skilled nursing facility was selected to fill this need as it is one of only a few skilled nursing facilities in North Carolina capable of caring for these patients.

Huntersville Oaks offers four distinct wings, each with separate air units and exterior entrances, as well as private rooms and private bathrooms – all of which made this an ideal environment to best care for COVID-19 patients who need skilled nursing facility care. Relocating these patients to Huntersville Oaks is a plan that has – and will continue to – save lives.

To prevent the spread of COVID-19, residents and teammates are tested if any coronavirus symptoms are exhibited. All teammates must don masks before entering the facility and are screened prior to their shift. In addition, teammates must wear masks and eye protection throughout their shifts and practice social distancing and “COVID-Safe” care standards at all times. They have been appropriately trained and use enhanced personal protective equipment



and protective measures if a resident is receiving aerosolizing procedures, such as nebulizer treatments.

Our skilled nursing facility teammates are truly on the front lines of this fight and, as such, we have ensured they have all the resources and supplies they need – including a significant increase in staff and a focus on teammate engagement for those employees dedicated to caring for this population. This includes frequent food donations from local restaurants, paid hotel stays if they have compromised family members at home and prize giveaways to build morale – all of which, we believe, have contributed to the success of this work and lives saved.

American Health Care Association President and CEO Mark Parkinson publicly applauded our approach, stating: “Atrium Health is setting an example for how to protect the health and safety of residents and staff in our nation’s nursing homes.”

Policy Commendation:

We commend Senator Casey for his leadership in helping to secure emergency funding for SNFs. As envisioned in Senate Bill 3768, Atrium Health Huntersville Oaks cares for COVID-19 positive SNF residents in an environment most appropriate for their needs.

COVID-19 and Economic Reentry

It’s unbelievable to think that, in the United States, the number of confirmed COVID-19 cases has already surpassed the three million mark, just five months since the very first case was reported.

Here in the Greater Charlotte region, over the past several weeks, our community has gone through the first two phases of economic reentry. At the same time, we’ve also seen large gatherings spring up, as more of our friends and neighbors in the community step out of their homes to celebrate holidays and family milestones or participate in community demonstrations against racial injustices. So, rather than the plateau in new infections and down-trending hospitalizations that we experienced in April, we are now experiencing a steady growth in the number of COVID-19 cases, though slower than at the outset in March. This reminds us that it’s a marathon, not a sprint and, most likely, we are likely to continue to see sustained growth in cases and hospitalizations for the foreseeable future.

Clinical Reentry

In planning Atrium Health’s clinical reentry in April, we established four principles to direct our work, as well as developed data analytics to monitor our status in each of these four domains:

- that we maintain the capability (beds, equipment, staff) to safely and effectively care for both COVID and non-COVID patients alike



- that we can ensure sufficient supplies of PPE to protect our caregivers
- that we can test those in need of testing
- that we can continually track behavior of the pandemic in our community

We officially launched “clinical reentry” on April 27 by first lifting limitations to in-person access to our office locations. Stepwise resumption of elective procedures came online over the subsequent two weeks. We have now completed the twelfth week of our reentry work and to date, 95% of patients have given us the highest marks when surveyed if they feel safe with the care we have provided throughout reentry.

Going forward, our work will continue to be informed by region-specific data on COVID-19 activity. (Note: We calculate daily the Effective Reproduction Number (RT) for 11 counties in the Greater Charlotte Region.) We plan to adjust the scope of our reentry work as necessary, based on this region-specific information.

Policy Recommendation #8:

It is notable that after three million cases and 140,000 deaths, only half of Americans intend to get vaccinated (AP-NORC poll). A public relations campaign is needed to create acceptance of ongoing social distancing and confidence in vaccination. While we wait for vaccines to come to market, we encourage you to use this time to enable private-public communications partnerships to move the trust needle on vaccination.

“COVID-Safe” Care Standards

In April, we were among the first health systems in the nation to establish “COVID-Safe” care standards for all of Atrium Health facilities and locations. These extensive safety measures and initiatives, such as mandatory screening, testing, masking, cleaning and operational changes, were created to provide peace of mind to our patients and teammates as we moved into clinical reentry. Specific examples of these efforts include disinfecting public areas (elevator buttons, chairs in waiting areas, etc.) every hour; elimination of self-service food stations like salad bars; reducing staff visiting rooms; and offering chaplain services via virtual means.

Atrium Health’s “COVID-Safe” care standards build upon our deep clinical expertise to contain COVID-19 and ensure the safest environment possible at each location. Ultimately, the health and safety of our patients and teammates are our top priority, and we will continue to set the national standard, while expanding our services, to provide the hope and healing our community is seeking during these challenging times.



Two Million Mask Initiative

Most recently, at a June 26 Statehouse news conference, North Carolina Governor Roy Cooper issued a statewide requirement for citizens to wear masks while in public in order to slow the spread of COVID-19. Alongside Governor Cooper and Secretary of the North Carolina Department of Health and Human Services Dr. Mandy Cohen, Atrium Health proudly announced our leadership in a private-public partnership with the state's largest businesses and organizations – including Bank of America, Blue Cross Blue Shield of North Carolina, The Carolina Panthers, Honeywell, Lowe's, Red Ventures and Wells Fargo – to collect and distribute one million face masks across the region. This partnership is a great example of how health professionals, working in concert with businesses, can help get everyone back to work and spur the economy -- and be a key pathway to recovery.

Our initial emphasis has been providing masks to our underserved communities through our deep, existing relationships with Hispanic, Black, elderly, millennial and faith communities. In the days following our initial announcement, Mecklenburg County – where Charlotte is located – joined our effort, pledging an additional one million masks and bumping our supply to two million masks for the region. In just a few weeks, we have distributed nearly 400,000 masks, all while modeling and encouraging COVID-19 safety and best practices.

And as local school districts plan for students to return this fall, we're also working closely with our community partners to ensure we're not only advocating for COVID-19 safety and best practices, but we are also part of the solution to help create the safest environments possible through the distribution of these two million masks.

How Health Policy Makers Can Help

To summarize the above policy recommendations, it is our request of you and your distinguished colleagues to please:

- Enact additional COVID-19 funding for healthcare providers
- Make coverage for telehealth services permanent
- Reinvest in Public Health
 - Support a national testing supply registry
 - Provide oversight and prepare for nationwide vaccination
 - Conduct data analytics that enable communities to effectively address health disparities
 - Amplify the value of regional community health programming by supporting hospital systems and their ability to grow
 - Provide coverage for interpreter and translation services
 - Invest in a public relations campaign to grow trust and confidence in vaccination.



Closing

On behalf of Atrium Health, I would like to thank the Committee for this opportunity to provide additional insight into the current pandemic situation and to share our experiences and concerns. The so-called “new normal” is still to be defined. We all hope for the day when this type of gathering can again occur in one room, face-to-face. We also hope that the information we have shared will be helpful to you and lead the way forward as you develop solutions that address the challenges we, as a nation, face together. We believe that by learning from one another and applying available expertise, we can improve health, elevate hope, and advance healing – FOR ALL.