McKinsey & Company

Healthcare Systems & Services Practice

Adapting healthcare to COVID-19: An interview with the CEO of Boston Medical Center

Kate Walsh shares how Boston Medical Center, New England's largest safety-net hospital, has had to adapt to the pandemic—and why there's no going back.

May 2020

Since the onset of the COVID-19 crisis, hospitals have been bracing for the worst. Urban centers in the United States have borne the brunt so far, giving the leaders of these healthcare systems a valuable vantage point for the extreme measures required to respond effectively. Kate Walsh, the CEO of Boston Medical Center, was in the first wave of the response. "I've been working in healthcare for 40 years," Walsh told us. "When I say I've never seen anything like this, I really mean it." She also had to deal with an additional layer of complexity. The center is the largest safety-net hospital in New England, and more than half of its patients are from underserved populations.

Walsh sat down for a video interview with McKinsey's Nikhil Sahni on April 28 to discuss the challenges associated with treating vulnerable populations, the additional support required for employees, and how the pandemic could—and should—change healthcare. A condensed and edited version of Walsh's remarks follows.

Collaborating with other hospitals

As this pandemic began, it was very clear that it was going to come and affect us substantially in Boston. The first priority was getting our campus ready and making sure that we had what we needed to keep our staff and patients safe.

Like everybody else in the country, we scrambled for PPE [personal protective equipment]. The hospital CEOs quickly realized that we were sort of chasing each other around the supply chain in some ways. And so we began to coordinate how we would at least let people know that we've decided that we're going to give everybody a mask when they come to work on Monday morning. Knowing that, rather than chasing it, made it easier, I think, for the staff to have faith in us.

I think [working with other hospital CEOs] started in the hunt for PPE: "Please, do you guys have any masks?" It ended up being almost a daily call [with other hospitals], as we were trying to figure out how we could appropriately respond to the volume of cases.

Adjustments to serve vulnerable populations

We're very fortunate in Boston to have an organization called Boston Health Care for the Homeless Program, which is a qualified community health center that provides medical services in the city and around the region. Guided by their thinking about the best way to care for the homeless population, we followed their patient cohorting. They created four categories of patients—suspected COVID-positive, COVID-positive without symptoms, COVID-positive with symptoms, and those that need to be hospitalized.

We quickly realized that people who were suspected COVID-positive or COVID-positive didn't need to be in a hospital, but they needed some place to recover. Remember, 80 percent of the people who get this virus don't need to come anywhere near a hospital. But if you don't have a home, where do you go? We opened up a vacant hospital building that the state owns and put patients in there. Now there's also a convention center in Boston that has some homeless patients.

Boston Health Care for the Homeless Program was absolutely instrumental to our ability to take care of patients. If you want to compare the experience at Boston Medical Center with some of the hospitals in New York that serve a similar patient population, I believe it was our ability to get discharges, to get patients out of our emergency room, to help our health center and shelter colleagues care for their patients in place that really kept our system from being overwhelmed.

Supporting all hospital employees

Our infection-control people weren't only talking to their physician colleagues about personal protective

‘We set up a confidential resource that people could call any time of day or night and a behavioral-health specialist will be on the phone with them.’

equipment; they were also talking to people who delivered trays to rooms or environmental-services people who go in to clean rooms. The training on the levels of masks that you need to wear, based on the clinical presentation of the patient, is far-reaching, and it affects virtually everyone now who’s still working in our hospital.

One of the first video chats I did was with our in-house social worker, who would go to a floor when there’s been a difficult case or a staff member has passed away. She and I talked about the need to manage the trauma associated with taking care of patients even if you’re not directly involved.

This event is really challenging because the way you would typically recharge and rejuvenate yourself, by being with family and friends or even getting a hug—those are gone. So how do we take care of ourselves during this crisis? We set up a confidential resource that people could call any time of day or night and a behavioral-health specialist will be on the phone with them.

We’ve fed a lot of people. We’ve had a lot of great donations. The greater Boston community has been incredibly generous to us. We’ve raised over $11 million so far for COVID-19-specific activities. For employees, if you are COVID-positive, we put you up in a hotel and make sure you get fed so that you don’t have to put your family at any additional risk.

We also keep people up-to-date on everything that’s happening. Every single day, there’s a COVID update for every employee: number of patients, employees infected, discharges, deaths, and employees who are back to work, which is a very heartening number. That’s the mechanism we’ve used to communicate any changes around personal protective equipment, who’s providing lunch tomorrow, and everything in-between.

A different path to recovery

We’re calling it the four *R*s: responding, rebounding, rebuilding, and reimagining. Each *R* has a lot of work behind it. Responding is pretty obvious; it’s what we’re doing now.

Rebounding is thinking about the illness burden that’s built up in the population we serve that we are not treating. We usually have 400 emergency-room visits a day. We’re under 200. Where are those patients going?

Rebuild is about how we bring back what’s important to our campus and how we avoid replicating the things that we don’t need. We shouldn’t have 400 emergency-room visits a day. What do we need to do in our primary case practices and with our health-center partners to reduce that clinical volume? We had 4,000 ambulatory visits a day. How many of those can be telehealth if we challenge ourselves to rebuild in such a way that it’s only 2,000 a day?

Reimagining is the last phase. Everybody knows our healthcare system has significant challenges. What’s a better way to care for our patients? On any given day before COVID-19, there would be at least

40 homeless patients in our hospital waiting for some place to go. How can we find a better alternative to care for a vulnerable patient population?

Inspiration to reshape healthcare

We are a divided nation right now. But in most cities in this country, people clap at 7:00 at night or they make homemade masks to help healthcare providers. Or they're working hard to keep their families home because they know it will save lives.

What I hope for our healthcare-delivery system is that we can repay Americans for the faith they have in us. We know we're going into a very difficult economic time, so what can we do as leaders of healthcare systems to help with that?

If we go back to business as usual and just push volume without taking a moment to think about what we've learned and what investments our country needs to make to keep people safe, I think it's a missed opportunity.

I'm very committed and honored to head up an organization that can lead the charge in changing how healthcare is delivered for the people who need it the most. That really gives me a lot of hope and inspiration. And I'm very enthusiastic about the challenge.

Comments and opinions expressed by interviewees are their own. McKinsey & Company does not endorse them, nor do they represent or reflect its opinions, policies, or positions.

Kate Walsh is the president and CEO of Boston Medical Center. **Nikhil Sahni** is a partner in McKinsey's Boston office.

Designed by Global Editorial Services