

Transforming Health System Outpatient Services Post-COVID-19 (and Beyond)

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Healthcare systems have an unprecedented opportunity to refine and revamp their outpatient services strategy with an enterprise-wide coordinated approach to ambulatory services, outreach, and delivery. The healthcare industry has been permanently changed, and there will not be a return to business as usual. This will especially be the case regarding how and when patients will make decisions about accessing both inpatient and outpatient services. If the pandemic and its restrictions on access to non-COVID-related types of services have demonstrated one lesson, it is that patients are willing to change patterns of preference and access for required services. This is reinforced by the current observation that while many health systems prepare for a second COVID-19 wave, they are faced with the reality that some patients are foregoing care completely due to fear of contracting the novel coronavirus.

Adopting Innovative Care Models

As hospitals and health systems consider the “new normal,” they must reconfigure care delivery models to extend much further beyond the four walls of the hospital.

Key Board Takeaways

- **Board strategic discussions:** Make time to envision a changed future (the new normal) with greater focus on ambulatory services and with more risk-oriented finance and delivery reimbursement models including fully capitated contracts, value-based payments, upside and downside risk arrangements, and population health initiatives that can be measured for impact on social determinants of health factors among target populations.
- **Virtual care transition momentum:** Build upon your experience with accelerated COVID-19 telehealth, telephone, e-consult, and other care management innovations that were developed and implemented to expand and enhance the continuum of care and to triage patients as well as provide after-care follow-up and monitoring to prevent readmissions, enhance patient compliance, and avoid unnecessary emergency room visits.
- **Strategic plan (ambulatory) update:** Schedule an “interim” strategic plan review that asks and answers questions such as:
 - » Does the system strategic plan address contingency measures in the event of a “second pandemic wave” (e.g., facilities, equipment, staff, PPE, community connections, and other resources) relative to better managing and balancing inpatient, outpatient, and post-acute services?
 - » What lessons can be applied to emergency response protocols as well as to ongoing operations to streamline processes of care delivery, transitions of care, cross-training and redeployment of staff, and post-acute network development and availability?
 - » How can the COVID-19 experience be leveraged across the system to better coordinate and rationalize care delivery, lower total costs of care for inpatient and outpatient care while increasing safety and quality, and improve patient experience and satisfaction?

This will require the adoption of innovative care models to address a new trend of consumerism—bringing care to the patient through an “anytime, anywhere, right care” model—to remain relevant. Examples of such modalities include:

1. **Virtual primary care visits** continue to increase as Americans seek convenience while payers, providers, and employers push for reduced costs and expanded access options. Humana offers

A recent study completed by cardiologists at nine large medical centers estimated a 38 percent decrease in patients with serious heart attacks coming in to have critical procedures to open their arteries since March 1, 2020.* Emergency rooms are nearly empty, and almost half of our nation's medical practices have had to furlough staff.

* Garcia Santiago et al., "Reduction in ST-Segment Elevation Cardiac Catheterization Laboratory Activations in the United States during COVID-19 Pandemic," *Journal of the American College of Cardiology*, April 2020.

an insurance plan to small businesses centered on virtual primary care; Amazon and Walmart offer online primary care options to their employees; and Sam's Club and GoodRx offer low-cost primary care telehealth services directly to consumers regardless of their insurance status. In response to the COVID-19 pandemic, large employers are redesigning employee benefit programs for the coming year to include expanded virtual care components for timely and convenient consumer access and reduced overall spend.

2. **Virtual specialty visits** are on the rise, with accelerated growth expected over the next 12 months. Cleveland Clinic and American Well jointly launched The Clinic, a new company that delivers specialty care directly to patients through virtual visits. This digital platform facilitates collaboration between Cleveland Clinic's specialists and local market providers; local physicians are provided with access to workflows, best practices, and algorithms, and patients now have the option to forego travel to obtain a second opinion.
3. **Virtual behavioral health visit** demand has more than doubled during the pandemic. Aetna and Cigna are among many large payers that are rapidly deploying use of technology to respond to behavioral health needs. This solution—while accelerated

due to COVID-19—provides the foundation to expand access to virtual behavioral health services over the long term.

4. **Virtual hospitals** leverage technology to treat patients in their homes. Adventist Health began admitting patients to its first 150-bed virtual hospital on May 11, 2020, allowing patients to receive inpatient care in their home with 24/7 access to care teams through telemedicine technology. Physicians and nurses provide care via video visits and remote monitoring of vitals. Nurses and other healthcare professionals provide in-home visits, and patients are able to have lab tests, mobile imaging such as X-rays and ultrasounds, and IV therapies performed at home. Adventist Health will accept most insurance plans, and there are no extra costs for the program to the patient besides standard outpatient co-pays, co-insurance, and deductibles.
5. **Virtual care management** will increasingly serve as a bridge to determining patient needs and appropriate care. By monitoring patient needs through remote devices, clinicians are able to provide education and interventions in real-time, resulting in better health outcomes and avoiding unnecessary ED visits and inpatient hospitalizations—all while keeping patients in their homes. A survey published in October 2019 found that

88 percent of healthcare providers have invested in, or are evaluating, remote patient monitoring technologies to support chronic disease management.¹ More healthcare organizations are expected to double down on their investment to create "consumer stickiness" through stronger provider-patient relationships.

Reimbursement Not Far Behind

In response to COVID-19, the Centers for Medicare & Medicaid Services (CMS) added over 90 telehealth services to the list of services covered by Medicare and emphasized that payment will be at the same rate as in-person care. These services include ED visits, initial nursing facility and discharge visits, outpatient primary care and specialty visits (e.g., physician office, federally qualified health center, rural health center), and home visits. Further, the requirement that virtual services can be used only after a doctor and patient have met in-person has been eliminated. Commercial payers are expected to continue to follow this trend.

Transforming Strategy and Care Delivery: The Board's Role

As patients, employers, government, and insurers continue to emphasize value over volume, boards and CEOs are challenged with the difficult question: How do we transform our care delivery models across the system to respond to these emerging, consumer-driven trends?

- **Strategic plan:** System planning efforts must include specific ambulatory services strategies based upon lessons learned from virtual care, telehealth,

¹ Gregg Malkary, "Trends in Remote Patient Monitoring," Spyglass Consulting, October 2019.

and e-consult services during the pandemic as well as care management initiatives that serve as a roadmap to transform the delivery model and sustain success. The plan needs to include robust outpatient strategies that are consumer-focused; identify collaborative, multi-disciplinary partners across the continuum; and ensure strong clinical and financial alignment with providers across the system. Strategic plans must envision a changed future where finance and delivery models embrace value-based payments, shared risk, more virtual care, continued shifts to outpatient settings, and population health approaches that address social determinants of health in better ways.

- **Systemness and service line performance:** Ensure that clinical service lines across system entities include the full continuum of care—versus being “hospital- or inpatient-centric.” Ensure that your system has the right partners in place to provide standardized care across the continuum and access points. This can be achieved by working with primary care and specialty

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providers to integrate chronic disease management programs into the service line strategy while leveraging virtual health platforms and data analytics to monitor patients outside of the hospital. Strategies at the system level must create alignment with a critical mass of providers—and strengthen the position of the organization—to manage population health uniformly across clinical service lines.

- **Data analytics:** Ensure that the system leverages existing population health data analytics (especially for organizations that participate in an accountable care organization or other value-based care model) to identify potential patients that would benefit from virtual care models. These include patients that participate in chronic disease management programs, or those

that are at-risk for readmissions or unnecessary admissions.

Transforming Healthcare Delivery: The Future Is Now

At this point in time, COVID-19 is still a national concern, and it will continue to be so for the rest of 2020 and likely beyond. An important lesson for governing boards of health systems is that patients, providers, payers, suppliers, and others are resilient and can adapt, respond, and adjust to change and crisis to meet and overcome seemingly insurmountable challenges. Boards must now work closely with the management team to create strategic roadmaps that build upon innovation, ingenuity, and adaptability to meet changing consumer preferences, and position themselves to provide healthcare through transformative channels that address the challenges and opportunities that lie ahead.

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