COVID-19 as a Catalyst: Rebuilding the House While Preparing for the Future

COVID-19 has disrupted our healthcare system, causing a dramatic decrease in facility-based volumes. As operations begin to normalize, healthcare leaders must consider how processes will have to change in the aftermath of this crisis and assess the impact on patients and staff.

Utilizing deep, sophisticated data, experts from SCP Health explored what has changed thus far for emergency medicine and healthcare operations during COVID-19 and discussed how hospitals and health systems can evolve and adapt for the future. The entire webinar can be accessed at modernhealthcare.com/COVID19AsACatalyst.

1 The care decision-making process is a major factor in how patients return to the acute unscheduled care system in America.

Fear, uncertainty and rapid-cycle change are powerful drivers for patients—if providers don't address these factors and communicate their solutions, emotional responses could continue to deter patients from seeking acute care. This is especially problematic if the country experiences additional waves of the pandemic. In this new normal, providers and payers are shifting patients to telemedicine and less acute settings like urgent care, which is a positive development as long as these care settings align with patient acuity.

2 Healthcare organizations should ensure they're not overprepared—spending should be in proportion with revenue.

As acute care bounces back, hospitals should consider how much volume is expected to return, including specific diagnostic and acuity groups, so that they can determine what services must be prepared for a post-COVID-19 surge. To reach patients who don't return, leaders need to explore where they're alternatively seeking care. Some patients may be afraid to seek care at all, but many will shift more toward telemedicine, urgent care and primary care. Leaders need to consider whether they should participate in these changes, or simply adjust to them.

3 Respond to patient fears with careful messaging and process changes.

Volume recovery will obviously differ from one community to another, but data collected by SCP Health suggests that limited intensity case volume will continue to be at a reduced level through the rest of the year. To alleviate patient concerns about virus exposure, providers should consider conducting COVID-19 tests off-site and embracing a high level of caution when it comes to infection prevention. Timely messaging should restore confidence in both patients and staff that your health system is "open, safe and more prepared than ever."

4 Leaders need to focus on the mental health of clinicians and consider the potential for COVID-related burnout.

Stress from working during the pandemic may cause some staff to seek lower impact roles in the future, looking to outpatient or virtual work, and this could create localized workforce supply challenges. To counteract these trends, organizations should focus on their core values as their moral compass. Leaders should consider whether their core values were either reinforced or stressed in the worst of the crisis, and adjust accordingly.

5 As they rebuild from COVID-19, providers must address short-term needs, but they can also recreate a long-term foundation that is even better than before.

It's difficult to know what the future of COVID-19 will look like, but leaders can take lessons learned and fortify their organization for future challenges. That starts with deploying real-time data and predictive analytics, to inform rapid decision making. It's also an important time to consider your strategic position—financial difficulties related to the crisis will likely drive consolidation, and leaders will need to decide what value that can play in future crises. Finally, health systems should consider how medical group partnerships influenced their crisis response, to understand whether change is needed for the future.

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