Key Considerations in Restarting Care Delivery Operations

COVID-19 has devastated the operations of many health systems across the US. Those systems in the midst of surge are concerned with the financial and human impact the pandemic has brought as an equal opportunist to staff and consumers. Systems not overwhelmed with COVID-19 surge have dedicated management, focus, staff, and finances to preparations for the surge, with a significant reduction in elective surgery and overall patient volumes in both acute and ambulatory settings. This has resulted in substantial losses of revenue, with a reverse domino effect on not only system personnel but also vendors and other indirect entities that support healthcare.

For those looking to “restart again,” there may not be a “post” period, but rather coexistence due to anticipated future surges of COVID-19. Resumption of services will require a different approach—a creative way of thinking—to healthcare delivery.

Rebuilding volumes will take an integrated approach with future uncertainty. In the past decade, hospital and health systems have been working to reduce the number of acute beds while balancing capacity and transitioning services into a less costly ambulatory environment. Providers have improved management of chronic conditions, resulting in a marked reduction in disease burden compared to thirty years ago. Infectious diseases are seeing lower mortality rates of children and adults.

COVID-19 has shifted this reality, triggering health systems to shift too. As health systems continue to adapt to and recover the ground lost to the coronavirus, we inspect three areas of considerations that may assist with such deployment in our new norm.

1. Resumption of postponed elective surgeries and procedures has affected both health systems and individual providers. Prioritization of these services, along with a forecasted return to pre-COVID-19 utilization, will influence timing and growth.
   - Given federal and state guidelines that permit the resumption of elective services, and knowing where you are within the COVID-19 curve, what safety processes do you have in place to protect staff and consumers? Where are you in the preparation for a potential second surge?
   - Within the safety processes, what is the prioritization for surgeries, management of available staff to meet demand, and availability of PPE and other supplies to manage deferred demand?
   - Do you have a waiting list by specialty with a need for surgical suite availability seven days a week? Or are consumers hesitant to enter the acute space?
   - Do affiliated ambulatory sites have availability to be used as an alternative option for surgical intervention or other elective procedures usually performed in the acute setting?
2. Provision of ongoing emergency support services to consumers should be balanced with resumption.
   - What access avenues are available to the public?
   - People fear COVID-19 exposure and have been leery of emergency rooms and hospitals. Is a tiered approach to emergency services needed to rebuild consumer confidence?
   - A telehealth triage approach may be indicated to allow patients direct access to an emergency department provider to hear presenting concerns and guide consumers to the appropriate level of care. Connecting them to affiliated urgent care, dedicated primary care, or specialist telehealth may be an option dependent on presenting complaints. This allows for the emergency department to be used for true emergencies and optimal patient management.
   - Should a patient seen at an affiliated site need admission, a direct admit process would be deployed.

3. Organizational support should be in place for telehealth services across primary care and other specialties.
   - Across the system, what is the capability for telemedicine to meet the demand for primary care outreach, specialty visits, and employer needs?
   - With public fears of COVID-19 realistic and founded, the health system must manage resumption of services with the understanding that, for many consumers, perception is reality. As such, trust in using acute services will need to be rebuilt through alternative venues of care compared to what was once the norm.

Providing answers to these questions, accompanied by the necessary deployment processes, will assure a safe restart of key healthcare services by staff to the consumer.