HSG

THOUGHT LEADERSHIP

MANAGING COVID-19: PHYSICIAN LEADERSHIP PRIORITIES FOR EMPLOYED PHYSICIAN NETWORKS

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The front-line, immediate impact of COVID-19 is being felt daily, hourly, by health systems across the country. From the perspective of the employed ambulatory network of providers within a health system, there has been tremendous disruption not only in day-to-day operations, but to the role of physician leadership structures, employed group management infrastructure and governance, physician/administration culture, and physician compensation models.

While none of these issues are an immediate fire that has to be fought, decisions health systems are making now will significantly impact the success of employed networks as we come out of the surge and strive for success in a more stable environment. Having a proactive plan with engaged physician leaders is the only way to succeed in the coming environment.

Immediate priorities for physician leadership teams within health system employed networks should include the following:

1 | Improving Day-to-Day Communication NOW

Every health system is experiencing the challenges of quickly communicating decisions with significant operational and financial implications for the employed network. Decisions about critical items such as the curtailing of routine/elective care, provider repurposing or furloughs, and compensation cuts all need physician leadership input and direction. Cutting the Physician Leadership Council out of the decision making and communication process undermines the very basis of the group's existence. Setting up daily communication structures – such as virtual end of day conference calls to talk about big picture issues and provide a forum for provider feedback – will help mitigate this issue.

2 | Optimizing Major Operational Changes in Care Delivery

In most health systems, virtual health adoption has jumped 5 years ahead in a month. While this has been a necessary step, the difference between operational and optimal is a big gap that must be addressed quickly from a care delivery and revenue cycle perspective.

3 Preparing for an Influx of New Providers

The impact of COVID on routine and elective care is driving historically independent practices to seeking employment with health systems – by the end of 2020, employed networks should expect to see a sharp rise in the number of providers they are bringing into the system. Physician leaders should be active in helping sort through the strategic, cultural and quality fits of these potential new practices.

4 Doubling Down on Access

The next surge on health system capacity will be the release of the pent-up routine and elective care demand. Innovations in improving access need to be developed now to ensure patients can get in and aren't seeking care with competitor health systems, resulting in the loss of the patient relationship and/or needed revenue for the health system. Virtual care can help address the demand now and in the future.

5 Leading Development of Shared Vision for the New Environment

Having a shared strategic vision of the purpose and direction of an employed physician network is critical to its culture and strategic execution. In the wake of COVID, it is critical that each employed network's physician leaders evaluate the vision and quickly work to incorporate the implications of the new environment.

6 Redesigning Compensation Incentives to Align to Shared Vision

High productivity models such as cash collections or wRVU-only models have not held up well in an environment with significantly disrupted care delivery. There will be significant impetus from employed providers to change the current compensation models and align them with the incentives of the current and future environment. Physician leadership needs to drive the discussion on the evolution of compensation models and get it done quickly to ensure providers and the health system are mutually protected for the next disruption.

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