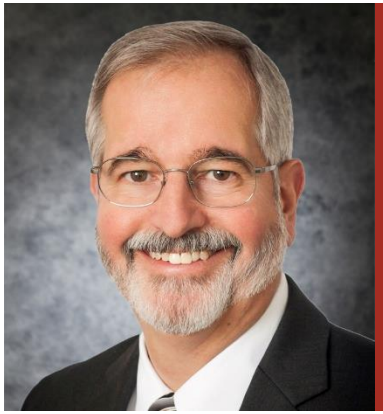
Emerging from COVID-19 Restrictions:

Immediate Practice Implications

April 30, 2020



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HSG

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6 Years at HSG
36 Years in the Industry

Strengths

- Shared vision and strategic planning
- Physician alignment and engagement
- Physician leadership structure
- Development of clinical operations, assessments, and transformation

Client Accomplishments

- Worked with client executives and physicians to create shared visions that led to significant advances in network function and outcomes

PROFESSIONAL EXPERIENCE

After retiring from Naval service, Dr. McWilliams spent a decade as the Vice President of Medical Affairs and Chief Medical Officer at Newport Hospital, a non-teaching community hospital within a larger academic health system. As CMO, he supervised the Medical Staff Services Office and was additionally responsible for quality of care/patient safety/risk management, clinical information systems, physician recruitment and clinical service line development. At the system level, he was intimately involved in creating system-wide Medical Staff Bylaws, spearheading various clinical IT projects, and contributing to broad-based performance improvement efforts.

EDUCATION

Terry received his MD from the University of Pittsburgh School of Medicine and completed family medicine residency in the Navy. He completed a Master of Science in Jurisprudence (MSJ) in Hospital and Health Law from Seton Hall University School of Law.

HSG COVID-19 Strategic Implication Survey

Your Perspective is Valuable:
Take HSG's COVID-19 Strategic Implications Survey.

Collective responses from this survey will provide healthcare leaders with crucial information as they begin to address and/or alter strategic priorities as a result of COVID-19.

Provider your insights and learn from other healthcare leaders by using the survey link at: hsgadvisors.com/hsg-covid-19-daily-updates/

- **It should only take a few minutes to complete this short survey.**
- **All reporting will be done based on aggregated responses; individual responses will remain anonymous.**
- **Respondents can provide their email address to receive a report of our findings.**

HSG remains committed to developing and sharing knowledge to support our hospital and health system partners throughout the COVID-19 pandemic. For that reason, we have developed the **HSG COVID-19 Strategic Implication Survey** designed to capture perspectives on COVID-19s current and expected impact on employed physician networks.

Objectives

- Be aware of the “Opening Up America Again” guidelines
- Be aware of CMS recommendations for Phase 1
- Understand the implications for practices
- Recognize transition options

Opening Up America Again

Opening Up America Again

- Promulgated April 16, 2020[1]
- Consists of the following components:
  - Gating Criteria
  - Core Preparedness Responsibilities
    - States
    - Individuals
    - Employers
  - Phase One
  - Phase Two
  - Phase Three

1. https://www.whitehouse.gov/openingamerica/

Opening Up America Again

- **Gating Criteria**
  - Symptoms
    - Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period **AND**
    - Downward trajectory of COVID-like syndromic cases reported within a 14-day period
  - Cases
    - Downward trajectory of documented cases within a 14-day period **OR**
    - Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)
  - Hospitals
    - Treat all patients without crisis care **AND**
    - Robust testing program in place for at-risk healthcare workers, including emerging antibody testing
- State and local officials to apply to local/regional circumstances

Opening Up America Again

- **Core Preparedness Responsibilities**
  - **State**
    - Testing & Contact Tracing
      - Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results
      - Ability to test Syndromic/ILI-indicated persons for COVID and trace contacts of COVID+ results
      - Ensure sentinel surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced (sites operate at locations that serve older individuals, lower-income Americans, racial minorities, and Native Americans)
    - Healthcare System Capacity
      - Ability to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment to handle dramatic surge in need
      - Ability to surge ICU capacity
    - Plans
      - Protect the health and safety of workers in critical industries; those living and working in high-risk facilities (e.g., senior care facilities); and users of mass transit
      - Advise citizens regarding protocols for social distancing and face coverings
      - Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity

Opening Up America Again

- **Core Preparedness Responsibilities** (continued)
  - **Individuals**
    - Continue to adhere to state, local, and CDC guidance
      - Particularly with respect to face coverings.
    - Continue to practice good hygiene
      - Wash your hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces.
      - Avoid touching your face.
      - Sneeze or cough into a tissue, or the inside of your elbow.
      - Disinfect frequently used items and surfaces as much as possible.
      - Strongly consider using face coverings while in public, and particularly when using mass transit.
    - People who feel sick should stay home
      - Do not go to work or school.

Opening Up America Again

- **Core Preparedness Responsibilities** (continued)
  - **Employers**
    - Develop and implement appropriate policies, in accordance with Federal, State, and local regulations and guidance, and informed by industry best practices, regarding:
      - Social distancing and protective equipment
      - Temperature checks
      - Sanitation
      - Use and disinfection of common and high-traffic areas
      - Business travel
    - Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until cleared by a medical provider.
    - Develop and implement policies and procedures for workforce contact tracing following employee COVID+ test.

Opening Up America Again

- **Phase One**
  - Once Gating Criteria satisfied
  - **Individuals**
    - ALL VULNERABLE INDIVIDUALS should continue to shelter in place. Members of households with vulnerable residents should be aware that they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.
      - Vulnerable Individuals Definition
        - Elderly individuals (currently starting at age 60)
        - Individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.
    - All individuals, WHEN IN PUBLIC should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided.

Opening Up America Again

- **Phase One**
  - **Employers**
    - Continue to ENCOURAGE TELEWORK, whenever possible and feasible with business operations.
    - If possible, RETURN TO WORK IN PHASES.
    - Close COMMON AREAS where personnel are likely to congregate and interact, or enforce strict social distancing protocols.
    - Strongly consider SPECIAL ACCOMMODATIONS for personnel who are members of a VULNERABLE POPULATION.
  - **Specific Types of Employers / Situations**
    - SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) that are currently closed should remain closed.
    - VISITS TO SENIOR LIVING FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.
    - ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to CMS guidelines.

Opening Up America Again

- **Phase Two**
  - If no evidence of a rebound **and** satisfy Gating Criteria a second time
  - **Individuals**
    - ALL VULNERABLE INDIVIDUALS should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.
    - All individuals, WHEN IN PUBLIC (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 50 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.

Opening Up America Again

- **Phase Two**
  - **Employers**
    - Continue to ENCOURAGE TELEWORK, whenever possible and feasible with business operations.
    - Close COMMON AREAS where personnel are likely to congregate and interact, or enforce moderate social distancing protocols.
    - Strongly consider SPECIAL ACCOMMODATIONS for personnel who are members of a VULNERABLE POPULATION.
  - **Specific Types of Employers / Situations**
    - SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) can **reopen**.
    - VISITS TO SENIOR LIVING FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.
    - ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to CMS guidelines.

Opening Up America Again

- **Phase Three**
  - If no evidence of a rebound **and** satisfy Gating Criteria a third time
  - **Individuals**
    - VULNERABLE INDIVIDUALS can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.
    - LOW-RISK POPULATIONS should consider minimizing time spent in crowded environments.
  - **Employers**
    - Resume UNRESTRICTED STAFFING of worksites.
  - **Specific Types of Employers / Situations**
    - VISITS TO SENIOR CARE FACILITIES AND HOSPITALS can resume. Those who interact with residents and patients must be diligent regarding hygiene.

CMS Recommendations – Phase 1

CMS Recommendations

- Apply to resuming care for non-COVID-19 patients in areas with low incidence of COVID-19 that passed Gating Criteria and are eligible to enter Phase 1[2]
- **General Considerations:**
  - Establish non-COVID-19 (NCC) zones
  - Screen all patients (and staff) for symptoms … and perform temperature checks
  - Prioritize surgical/procedural care and high-complexity chronic disease management
    - Selective preventive services considered to be highly necessary
  - Ensure that surge capabilities are not jeopardized
- **PPE**
  - Providers and staff wear surgical facemasks at all times
    - Mucous membrane and respiratory tract procedures performed with caution and staff use N95 masks and face shields
  - Patients wear cloth face coverings/masks
  - Conserve PPE according to guidelines https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

2. https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf

CMS Recommendations

- **Workforce Availability**
  - Screen staff for symptoms of COVID-19
    - If symptomatic, test and quarantine
  - Keep staff for non-COVID-19 zones in the NCC zone and do not permit cross over into COVID-19 care
    - Includes rounding at hospital - should not round then permit in NCC zones
  - Staffing levels must remain adequate to cover potential surge
- **Facility Considerations**
  - Create separate NCC zones with separate entrance and no/minimal risk of cross over from other areas
  - Facilitate social distancing
    - Low patient volumes, minimal time in waiting area, space chairs at least 6 feet apart
  - Minimize non-patients but screen same as patients

CMS Recommendations

- **Sanitation Protocols**
  - Thoroughly clean and disinfect spaces for NCC use
- **Supplies**
  - Must be adequate for care and must not detract from potential surge capabilities
- **Testing Capacity**
  - Patients should be screened by lab testing before care if possible
  - Staff should be regularly screened by lab testing if possible (frequency not delineated)

- **Cease nonessential operations if a surge occurs**

Practice Implications

Practice Implications

- The recently released transition guidelines clearly indicate that we will ***not*** be immediately returning to business as usual
- The guidelines do define immediate transitional steps to allow employed networks and practices …
  - Prepare for the immediate next phase(s) of operations
  - Consider using the time between now and the next phases to seize opportunities to become more efficient
  - Lay the foundation for longer term change
- Impact obviously depends on current status of operations
- All great topics to discuss with Provider Leadership Council

Practice Implications – Next Phase(s)

- Staffing
  - Child care issues remain
    - Schools, pre-schools, and day care centers will be closed until Phase 2
    - *Alternative child care arrangements possible during Phase 1?*
    - *Alternative work arrangements possible during Phase 1?*
  - Members of vulnerable populations must be considered and protected
    - Dilemma related to staff members (including providers) who are in high risk group … and minimizing their risk
    - Persists until Phase 3
    - *Alternative work arrangements possible?*
      - Delayed return to office environment until Phase 3
      - Continue to work remotely indefinitely
        - Billing and coding functions
        - Providing virtual care
          - At risk providers conduct from home to augment office-based services

Practice Implications – Next Phase(s)

- Staffing (continued)
  - Screening for illness
    - Ensure those who feel sick stay home
    - Utilize system's screening questionnaire on arrival – or remotely before leaving home
      - If system does not already have a questionnaire, consider the following:
        - Do you have any of the following symptoms:
          - Fever > 100 º F *
          - Cough
          - Shortness of breath / trouble breathing
          - Fatigue
          - New loss of sense of smell or taste
          - Sore throat
          - Muscle aches
          - Diarrhea
        - *If so, order influenza** and COVID-19 tests and quarantine*
    - Conduct temperature checks on arrival
      - *If > 100 º F *, order influenza** and COVID-19 tests and quarantine*
    - Determine when staff can be additionally screened through intermittent lab testing

* Some have higher cut off, e.g., 100.4º ** May become more optional as influenza season dissipates

Practice Implications – Next Phase(s)

- Staffing (continued)
  - Determine "break room" alternatives to promote social distancing and minimizing contact risk – which seems to persist through Phase 3
    - Clean and disinfect often
    - Stagger breaks and lunches
  - Determine whether a dedicated "disinfecting team" is necessary to maintain "clean" spaces

Practice Implications – Next Phase(s)

- Patient Flow
  - Determine whether each individual office will evaluate and treat patients with suspected COVID-19 infection
    - Consolidating the evaluation and treatment of suspected or potential COVID-19 patients in a specific location within a health system or employed network may continue to represent the most efficient use of resources
    - If centralizing the evaluation and treatment of potential COVID-19 patients, develop processes for screening and referral to/from other sites
  - If evaluating and treating non-COVID-19 patients, establish NCC zone(s) with separate entrances/paths/exits and dedicated staffing
    - Easily accomplished if only evaluating and treating non-COVID-19 patients
      - Entire practice qualifies if centralizing COVID-19 care elsewhere
    - However, should screen all patients and visitors for illness prior to entry to facility or just inside door

Practice Implications – Next Phase(s)

- Patient Flow
  - If evaluating and treating non-COVID-19 patients, establish NCC zone(s) with separate entrances/paths/exits and dedicated staffing (continued)
    - If evaluating and treating ***both*** potential COVID-19 patients and non-COVID-19 patients,
      - Screen all patients and visitors for illness prior to entry to facility or just inside door
      - Should separate "ill" and "well" waiting/check-in areas be developed ala classic pediatric practices?
      - Should half of the office be dedicated to COVID-19/ill patients and half to non-COVID-19 patients?
      - Can waiting rooms be avoided entirely and take screened patients directly to dedicated exam rooms and conduct check-in and out procedures in the exam rooms?
        - May be feasible with anticipated initially decreased volumes
      - Just as some businesses have done for "curbside pick up" operations, some practices have asked that patients remain in their cars, call the front desk (or special number), and wait to be called in for their appointment.
        - Some have also taken the screening process to the cars (questionnaire, temp checks)

Practice Implications – Next Phase(s)

- Patient Flow (continued)
  - Screening patients for illness
    - Utilize screening questionnaire on arrival – or remotely before leaving home
      - If system does not already have a questionnaire, consider the following:
        - Do you have any of the following symptoms:
          - Fever > 100 º F *
          - Cough
          - Shortness of breath / trouble breathing
          - Fatigue
          - New loss of smell or loss of taste
          - Sore throat
          - Muscle aches
          - Diarrhea
        - *If so, order influenza** and COVID-19 tests and quarantine*
    - Conduct temperature checks on arrival
      - *If > 100 º F 8, order influenza** and COVID-19 tests and quarantine*
    - Determine if/when patients can be screened by lab testing before receiving care

* Some have higher cut off, e.g., 100.4º ** May become more optional as influenza season dissipates

Practice Implications – Next Phase(s)

- Patient Flow
  - Scheduling
    - Practices will not likely be able to accommodate normal volumes under the constraints of social distancing and protecting vulnerable populations
      - *May need to consider extended hours and extended days of operation to accommodate requests for care*
    - Continued and heightened use of virtual visits will be necessary to address patient care needs
      - Consider proactively reaching out to previously scheduled future patients to attempt to address needs virtually in advance of the scheduled appointment time frames – where applicable
      - Doing so will take care of individual needs and help mitigate future demand/volume – essentially addressing "backlog"
        - *This may be an opportune time to consider implementing "open access scheduling"* [3] *since the practice is prospectively working down back log in order to take care of future requests for care on the day requested*

3. https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/access/strategy6a-openaccess.html

Practice Implications – Next Phase(s)

- Patient Flow (continued)
  - Scheduling (continued)
    - Ensure that the capabilities of other necessary facilities – like hospital-based services, imaging centers and other ancillaries, ASCs, etc. – can accommodate requests prior to reaching out to schedule specific patients
      - Recall that facilities must
        - Create separate NCC zones with separate entrance and no/minimal risk of cross over from other areas
        - Facilitate social distancing
          - Maintain low patient volumes, spend minimal time in waiting areas, space chairs at least 6 feet apart
      - Hospital ORs may be able to adapt less readily or quickly
        - ASCs may have early advantage but need to verify
      - Are vendor reps needed/available?

Practice Implications – Next Phase(s)

- Patient Flow (continued)
  - Scheduling (continued)
    - Develop criteria for actively contacting patients for office visits or "non-urgent" procedures
      - Some organizations are utilizing "risk" determinations
        - Complex co-morbidities that require examinations
        - Procedures that relieve chronic pain or other debility
    - Members of vulnerable populations must be considered and protected
      - Dilemma as these individuals may be most likely to need intermittent face-to-face encounters for chronic disease management yet are being asked to continue to stay at home until Phase 3
        - If they must be seen, they must be protected in NCC zone to minimize their risk
      - *Are alternative care arrangements possible?*
        - Maximize virtual care and minimize face-to-face encounters to those strictly necessary
        - Arrange for care early in day
        - Take directly to dedicated exam rooms and conduct check-in and out procedures in the exam room
        - Create schedule gaps around those appointments to decrease volume of potential contacts

Practice Implications – Next Phase(s)

- Marketing
  - Informing patients of operations, care options, and restrictions
    - Continuing to maximize virtual care as preferred methodology for all those for whom it is appropriate
    - All patients presenting for in-office care …
      - Will be screened for illness prior to entry
        - Questionnaire
          - *Will screening questionnaire be available on patient portal for completion from home?*
        - Temperature check
      - Must wear a cloth face mask or surgical mask when in the office
      - Should minimize their "entourage" – who will all be screened and must wear masks
    - Spaces will be cleaned and disinfected between use to ensure safety
    - Scope of care may be limited if access to others' services are restricted or if any hint of COVID-19 rebound or surge arises

Practice Implications – Other Considerations

- Decreased volume of in-office patients may present an opportunity to dedicate time/effort to longer term efficiencies
  - Open access scheduling (mentioned above)
  - EMR Optimization
    - Work with providers to
      - Personalize documentation templates and order sets
      - Standardize processes within and across practices
      - Incorporate best practices into EMR decision support structure
      - Incorporate quality and other metrics into EMR framework for automated reporting
        - Preventive services checklists
        - Chronic disease management checklists
  - Care Delivery Model changes
    - Evaluate and implement team-based care elements and associated training
      - Pre-visit screening processes
      - Team-based documentation processes
      - Huddles

Practice Implications – Other Considerations

- Decreased volume on in-office patients may present an opportunity to dedicate time/effort to longer term efficiencies (continued)
  - Telehealth – long term plans
    - Identify operational processes to sustain virtual care initiatives and use to augment patient access to practice
      - Consider alterations in schedule templates to accommodate
      - Durations usually less than face-to-face encounters
    - Determine whether secure platforms are needed (unlikely that platform latitude will extend beyond COVID-19 pandemic)
      - EMR-based or separate system; BAA in place
    - Create approach to chronically market these services to patients
    - Ascertain whether other investments, such as altered staffing models, are/will be needed to perpetuate virtual care
    - Explore options for ongoing reimbursement with commercial insurers
    - Determine business models required to maximize success with increasing levels of risk contracting – bending the cost curve
    - Anticipate impact on scheduling and provider compensation model

Conclusion

- The Opening Up America Again guidelines and associated CMS recommendations solidify expectations associated with moving into the next phases of operations under the COVID-19 National Emergency
- Networks and practices can take immediate definitive action to prepare for the next phases of operations and to inform/prepare staff and patients for upcoming circumstances of care delivery
- Networks and practices can also constructively use the relative "downtime" to initiate beneficial longer-term practice and provider efficiencies

Questions

HSG Upcoming Webinars

Comprehensive registration information for all upcoming webinars can be found here: https://hsgadvisors.com/webinars/hsg-upcoming-webinars-may-2020/

Title	Description	Date
The Pandemic & Strategy: Implications for Your Employed Physician Network	We will address strategic challenges we have observed based on interactions with many employed networks over the last 2 months. Then we will share our original research conducted with clients and colleagues, highlighting their concerns and areas of focus.	**Thursday May 7th**
Reducing Employed Physician Network Losses	Financial pressures on health systems have never been higher. For many health systems, reducing subsidies related to employment of physicians represents a substantial opportunity to improve the bottom line.	**Thursday May 14th**
Approaching Independent Practices – How to Prioritize, Acquire and Employ in the COVID-19 Era	We will discuss what criteria health systems should utilize to prioritize independent practices, and then provide an overview of the process HSG considers best practices for due diligence, acquisition and contracting with these providers.	**Thursday May 21st**
After the Surge: Employed Network Leadership Considerations for the Second Half of 2020	We will discuss critical considerations for employed physician network leaders in a Post-Surge environment, including – physician leadership structures, employed group management infrastructure and governance, physician/administration culture, and physician compensation models.	**Thursday May 28th**

Company Overview

HSG Builds High-Performing Physician Networks so Health Systems Can Address Complex Changes with Confidence.

Headquarters: Louisville, KY
Formed: 1999
Client Base: Non-Profit Hospitals & Health Systems
Focus: Health System and Physician Network Strategy and Execution

Physician Strategy

- Healthcare System Strategic Plans
- Employed Physician Network Strategy
- Growth Strategy
- Shared Vision and Culture Development
- Physician Manpower Plans
- Service Line Strategy
- Co-Management

Performance Improvement

- Network Performance Improvement
- Performance Improvement Implementation
- Network Revenue Cycle
- Practice Care Model Transformation
- Practice Acquisition

Physician Leadership

- Shared Vision and Culture Development
- Physician Burnout
- Physician Governance and Leadership

Network Integrity

- Patient Share of Care
- Patient Flow
- Provider Location and Service Analysis
- Market Insight

Physician Compensation

- Compensation Plan Design
- Fair Market Value and Commercial Reasonableness Opinions