EXECUTIVE INSIGHTS

RESILIENCY + RECOVERY

THE CHANGING AMBULATORY CARE LANDSCAPE

Strategies for delivering convenient, consumer-centric care

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Strategies for delivering convenient, consumer-centric care

Ambulatory care delivery has undergone major changes during the pandemic, including steep reductions in patient visits, shifting reimbursement models and scaling virtual care services. At the same time, hospitals and health systems have had to leverage data from electronic health records (EHRs) and other systems to optimize performance. Innovative disruptors are driving the need for new service strategies by providing services more conveniently at lower costs. Now, health care organizations are refocusing their outpatient strategies to drive value, improve outcomes and increase efficiency.

KEY FINDINGS

1. Integrating information from various EHRs in the integrated delivery networks and physician practices into clinician workflow will **break down silos and advance best practices in patient care** and through transitions in service levels.

2. In a patient-centered approach to optimizing ambulatory access, **timely navigation and use of personal health services will achieve the best health outcomes.** Some health care organizations are customizing and using the EHR strategically to create workflows to address gaps in care, referral management and other care delivery needs.

3. Faced with greater pressure to protect outpatient services from innovative disruptors, hospitals and health systems can **improve the patient experience by leveraging technology** to deliver timely, convenient and affordable service and care.

4. **Optimizing both care delivery and the care team** are crucial to improving the number of patients seen while providing high-quality care. Evaluating the type of care and services provided with analytics is essential to understanding the mix of staff needed to deliver care and improve access.

5. Patients are consumers seeking care and demanding that health care systems **meet their preferences and expectations.** Whether it's the convenience of telehealth or the touch points of in-person visits, outpatient strategies are being tailored to specific patient populations and age groups.

6. To address evolving care models, **hospitals and health systems are focusing on increasing access by meeting patients where they are,** and in their communities using seamless application of technological advances and data analytics. Health care executives are looking at social needs and expanding hospital-at-home programs to meet consumer needs and preferences. Rural hospitals continue to expand virtual care from primary health to specialty services to increase access to care.

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MODERATOR *(Bob Kehoe, American Hospital Association):* **How has your ambulatory care strategy evolved during the pandemic? What strategic changes do you anticipate as you move forward, and what are the highest priorities or pain points you face?**

RICHARD ALLEN *(Palmdale Regional Medical Center):* I think the biggest change to any strategies we had is just the growing utilization of all sorts of telehealth. It will play a much bigger role in the future, especially since the Medicare program is going to allow its continual use in our sector.

ROXIE WELLS, M.D. *(Cape Fear Valley Hoke Hospital):* With the pandemic, we transitioned our clinics quickly to telemedicine hubs and helped our physicians pivot to that type of patient care. We found that patients really like telehealth because it's convenient. We're going to continue telehealth for primary care, and expand to specialty care to increase access to these services. Some facilities in our state offer hospital at home. During the pandemic, patient volume increased and a mechanism to monitor and treat less ill patients in alternative settings was needed. We are looking to expand to this type of service offering.

ALLEN VAN DRIEL *(Smith County Memorial Hospital):* Smith County Memorial is a critical-access hospital in a rural area. During the pandemic, there was an impetus to utilize telehealth more fully, both for primary care and for specialty care. It has allowed us to do some things that we didn't do previously, in terms of behavioral health and tele-emergency services. Patients, in general, have been willing to accept this technology and utilize it.

DEBORAH VISCONI *(Bergen New Bridge Medical Center):* Bergen New Bridge Medical Center is the largest hospital in the state of New Jersey and a safety-net facility. We have a large mental health component to our medical center, as well as a large substance-use disorder treatment program. Our pain points were around assuring that these vulnerable populations had access to technology, so that they could access telehealth. Our solution to this challenge was to go directly into underserved communities in mobile vans, utilizing iPads, so that those who needed care were able to access our providers using a Bergen New Bridge iPad.

We also partnered with the nonprofit New Jersey Reentry Corporation as part of the early-release program. Several thousand individuals were released early from the prison system, and many had no access to follow-up care. They only received a two-week allotment of their medications. We were able to address their health care needs, substance-use disorder issues and medication needs.

The pandemic took us to another level of understanding the need for equitable access to much needed care in our diverse communities. We often speak of access, but this allowed us to deliver care directly to the communities that needed it.

MODERATOR: As a worldwide health care technology leader, how has your ambulatory care strategy evolved during the pandemic? What did you help clients with?

CASEY SANSALE *(Cerner Corporation):* We've seen four key areas emerge in care, not just outpatient care. First, there's a new equilibrium being formed around in-clinic, virtual and in-home care. While in-home care may be the most foreign, when will we reach a point where 'virtual' is removed from 'virtual care' and it is just 'care'; it's just how care teams interact and provision care.

Second is how deficient we are in coordinating care within the community and among providers. That was brought to the forefront during the pandemic and why we're bullish on breaking down silos and walls that block information sharing among providers, payers, patients and family caregivers.

Third is digitization and how it's now shaping policy to help reduce administrative burden and improve care team communications.

The fourth is the importance of data in achieving precision medicine. I mean the widest definition of precision medicine beyond genomics to drive precise therapy. To consider social determinants, health coverage, where people are, and how they want to communicate and then tailor health care experiences, diagnostics, and therapy with an understanding of the person.

MODERATOR: That brings us to a good springboard for our next question. What is the single biggest disruptor that you have experienced in ambulatory care, or foresee in your service area?

BEN NEGLEY *(AtlantiCare):* Our bigger concern on the ambulatory side is not necessarily our traditional health care competitors, but the big-box retailers that are moving into the primary care space — Amazon, CVS and BJ's Wholesale Club — where you can spend $50 and pay just $1 per visit. That keeps me up at night because they really are disruptors. They have deeper pockets than most health care systems ever will.

> **"There's a new equilibrium being formed around in-clinic, virtual, and in-home care. We will reach a point where 'virtual' is removed from 'virtual care' and it is just 'care.'"**
>
> — Casey Sansale — Cerner Corporation

We didn't have much of a telemedicine platform. When COVID-19 hit, we ramped up in about two weeks. As of this month, we rolled out a virtualist service line. We started with primary care where we have on-demand, same-day primary care access for patients who can't get into their primary care office, or for those who are new to our system and need a primary care doctor.

We struggle with access. You hear the term consumer rather than patient more these days. People prefer telemedicine visits in the comfort of their own homes these days. That's the trajectory we're on, while still being able to allow personal, convenient care to folks at home within our clinically integrated network.

MODERATOR: You raised the issue of the retail disruptors and tech disruptors like Amazon and others. What do you see as the biggest disruptors and how are you dealing with them?

ANTHONY KOUSKOLEKAS *(Pelham Medical Center):* Pelham Medical Center, a 50-bed hospital in Greer, South Carolina, is part of the five-hospital Spartanburg Regional Healthcare System. There are two big disruptors for which I wasn't prepared. One is COVID-19's impact on our ability to recruit. We have people who are saying, 'I don't know if I want to work in the hospital anymore. I want to work at an ambulatory surgery center or in a clinic,' or 'I want to leave health care altogether.'

The other is within our physician group; we had some groups who said, 'Look, I signed up to be a doctor, I'm going to see people who are really sick with COVID-19.' Others said, 'I don't want to see any COVID-19 patients. I'm scared I'm going to get sick myself.'

You need to have the right mix of people to make it work, too, so that both the sick and the well can be cared for adequately in the ambulatory space.

JULIE GEORGOFF *(Magruder Memorial Hospital):* Magruder Hospital is a critical-access hospital in Ohio. We have worked to recover from numerous impacts of COVID-19 including the payer-related medical necessity requirements surrounding site of service and the increasing overall steerage away from hospital brick and mortar. Our goal is to determine what services we are able to scale, when segments of our business go outside of our building and to

define what we're able to provide going forward.

MODERATOR: I'm going to shift gears. How would you describe the current level of integration among ambulatory services, your EHR, clinical and revenue-cycle functions, and their ability to support the needs of the clinical care team?

LETICIA RODRIGUEZ *(Ward Memorial Hospital):* We're a 25-bed critical-access hospital that is going through an EHR conversion. What we hope to achieve is more functionality, the ability to gain more data and reporting, to see the impact of social determinants and what we can do to expand services and ensure that we're taking care of our community.

PAUL RAINS, MSN *(CommonSpirit Health):* At CommonSpirit Health, we're trying to set strategy for behavioral health in the 21 states in which we operate. The ambulatory setting is one of those areas in which we found specific challenges. We have more than 100 different EHRs with different integrated delivery networks and associated physician networks. We've been looking at the depression screening and the annual wellness visits to get an idea of how well we're doing. The information we've gathered shows that we could do better in that area. We're identifying patients with issues that need to be treated. In one of our best markets, we're hitting about 70% of those depression screenings annually. On the other side, where patients are screening positive, we're only connecting them with services 50% of the time or less. And that's an indicator.

"Our bigger concern on the ambulatory side is the big-box retailers that are moving into the primary care space — Amazon, CVS and BJ's Wholesale Club — where you can spend $50 and pay just $1 per visit. They have deeper pockets than most health care systems ever will."

— Ben Negley — AtlantiCare

We're trying to improve the integration of medical and behavioral services. I think access to care is one of our biggest challenges. It's not for lack of wanting to connect patients to services, it's just the navigation itself that is extremely difficult.

ROBIN M. SCHLUTER *(Regional Health Services of Howard):* We are a critical-access hospital that provides all levels of care to our service area. During the pandemic, we are pulled in many directions to service the needs of the community. To create a system in which all the different service levels combine into an easily accessible record for the patient and the provider is difficult.

We are also in a unique geographic situation; our specialty care is provided by a combination of specialists from three different tertiary care centers, none of whom have the same EHR as we do, or as each other. The interface opportunities have become stark, with so much telemedicine during the pandemic and trying to continue to keep all our care providers informed on what's going on with patients.

MODERATOR: Ben, you're part of a large health system. What are some of your challenges in terms of integrating services in the ambulatory setting?

NEGLEY: The challenge within a multi-specialty practice is having the various practices interact as an integrated system versus silos within service lines. That's a work in progress. Our biggest challenge is awareness within our primary care space and our region, making sure that folks know what specialties we offer and providing the access and care in a synergistic system locally.

MIKE CANADY, M.D. *(Holzer Health System):* We are a rural, integrated health care system in southeastern Ohio with about 2,400 employees, and 80% of our payments come from our ambulatory practice. We merged the doctors-owned practice with the nonprofit health care system about eight years ago.

We have two different EHRs and the systems never have worked great together. We have an aggressive and robust business office and revenue-cycle platform that makes them work together, but it has been challenging. Our geographic area makes it even more challenging. We have 13 different sites of service and we're a two-hospital system with one critical-access hospital.

JENNIFER DOTY *(Sidney Health Center):* We're a small, critical-access hospital in eastern Montana serving a large regional area, four hours from the largest tertiary hospital, either into North Dakota or farther west into Montana.

Our challenge is keeping the loyalty of our communities to local health care, and the benefits of having a primary care provider versus the convenience of the big disruptors. It's much easier to get on one of their apps for a virtual visit than even through our telehealth options. We have a robust EHR, but it doesn't compete with CVS or Amazon in how quickly people can use their online applications.

MODERATOR: As a worldwide health care technology leader, how are you trying to help providers with some of the technical issues that have been articulated?

SANSALE: We're focused on enabling the entire enterprise, regardless of the underlying EHR, to resolve gaps in care, coordinate and manage referrals, and improve centralized operations with clinical care management and call centers or customer relationship management systems. We are also focused on critical enterprise-level data and the implications on real-world data and evidence for research, the person-centered opportunity to ensure an interoperable and longitudinal record, and the impacts on privacy and data security. These traverse EHR systems and are enterprise strategies that can be done now.

MODERATOR: What strategies have you deployed to address evolving care models, and to support both home and virtual care? How has the rise of consumerism affected your approach to providing care?

WELLS: In most instances, people seek the most convenient way to obtain the services they need. They want the opportunity to receive care in an appropriate setting without upending their work day or other activities for minor medical complaints. Virtual care offers them the opportunity to have a visit while sitting in their offices at work or at their jobs or while performing other activities. They are then able to leave their jobs, pick up medications and go about their regular activities.

"What we hope to achieve is more functionality, the ability to gain more data and reporting, to see the impact of social determinants and what we can do to expand services and ensure that we're taking care of our community."

— Leticia Rodriguez — Ward Memorial Hospital

Because of health concerns associated with the pandemic, transitioning to home and virtual care became an automatic decision for most hospitals and health systems. For home visits, we leveraged our community paramedic programs and coordination of care services to ensure that our community members received the care they needed in the most appropriate setting for them. Again, for virtual care, we ramped up quickly to meet the care needs of our patients and our community. Our EHRs allow us to share information across the enterprise which makes it easier to obtain records from previous health care encounters and gives us the tools we need to feel comfortable treating patients at sites that aren't traditional.

I think it's important to recognize that all conditions do not lend themselves to virtual care and that in-person visits to doctors remain the best way

to monitor and treat those health care conditions. I believe a combination of both in-person and telehealth visits are appropriate.

Because there are broadband issues in some rural areas in our state, systems are developing and launching additional means to ensure access points for patients. One example is installing health care kiosks in areas like libraries, schools, workplaces and malls to ensure additional access points leveraging telehealth platforms. An initiative such as this is paramount to ensuring access to our most vulnerable populations.

MODERATOR: It seems as though there were more virtual visits with patients in their homes. How might that change strategies as you move forward?

DEBRA FOX *(AtlantiCare):* We've always had a home care service, but we're changing what that means by implementing more of the hospital-at-home model and moving toward providing more services at home.

In terms of strategies to address care models, we've been more intentional about a digital strategy and a mobile-first strategy over the past year. We're prioritizing how people use their mobile devices. It's not the same as telehealth, but we are thinking about every way that we interact with our consumers. The mobile-first strategy is where big-box retailers and pharmacies are ahead.

MODERATOR: Along those lines, how can hospitals and health systems compete in terms of optimizing the consumer experience?

VISCONI: We're looking at different home care options, because we have the largest licensed long-term care center with 574 beds as part of our facility. We've seen the devastation that COVID-19 had on that population. We're also looking at wearable technology for those who can't get to the facility for chronic care conditions.

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— Roxie Wells, M.D. —
Cape Fear Valley Hoke Hospital

Using mobile vans, we're going beyond the hospital walls deep into the community with our services to provide wellness visits with providers and nurse practitioners, in addition to the vaccination programs that we've created.

Additionally, we are looking at partnering with community supermarkets and, perhaps similar to what CVS did, having practices inside a shop in particular areas of vulnerability. We're also working with schools.

We're trying to reach people in communities who either don't have access to care or may not understand how to get the care they need. Beyond the medical side, we also found a great need to educate people on insurance. Many were uninsured, but they didn't have to be uninsured. They simply didn't know how to apply for Medicaid, or understand the differences between Medicaid and managed care. We sent a team to educate them and help them complete applications. It's been a successful tactical approach to serving and caring for the community in their community.

MODERATOR: As a health care technology leader, where do you foresee the digital patient experience going?

SANSALE: One of the more important things is to meet patients where they are with communication. We're all familiar with texting and emails and just

communicating with people according to their preferences. You can do campaigns across all of these channels to make your brand approachable, engage the community and increase access. It all starts with communication.

MODERATOR: How are you involving the broader community health net-work and beyond in your patient care strategies?

ALLEN: Another major disrupter that we haven't mentioned is demographics. The age cohorts all behave differently. So, when you look at strategies and how you're going to address those issues in the community, there's a big difference between the 60- to 80-year-old versus the 25- to 45-year-old, and how they approach health care. The real challenge is how we approach different age groups with different tools. Because of choice, health care has become a commodity. I think we hide behind that a little bit by saying, 'Well, we're still the hospital or the health system.'

RICK L. STEVENS *(Christian Hospital):* I think he's right. The younger group just wants to come and go; they want a transaction. Many of our older patients want to have an in-person visit. Nonetheless, we must approach each group differently.

MODERATOR: How are your organizations working with the broader community health network on issues like the greater demand for mental health and behavioral health services?

STEVENS: Before COVID-19, we set up two school-based health centers. During the pandemic, those resources for behavioral health were important to our kids. We also have community health workers who reach out to the community, especially to our behavioral health patients. They follow up with individuals to make sure they have their meds, and that their social needs are also met. We've also partnered with the Salvation Army. We know that behavioral health patients do better if they're in homes with roofs over their heads versus being on the streets.

MODERATOR: How are you addressing challenges related to clinician wellness and burnout? What role does the EHR play in addressing challenges to help physicians and nurses work more efficiently on stress and related issues?

WELLS: Clinician wellness and burnout must be at the forefront of the minds of all health care leaders. The pandemic has further illuminated the pressing need to evaluate our clinicians for burnout and offer a means to help them cope with these feelings. As a field, health care is experiencing significantly high rates of burnout among clinicians treating very sick patients. Because of this, many are leaving careers that were once very fulfilling for them. Offerings that share techniques to assist with building resilience, giving clinicians time to decompress, allowing discussions among peers in a safe nonjudgmental environment and one-on-one sessions with a specialist trained in personal disaster recovery are all ways to ensure a culture committed to clinician wellness. Understanding that some clinicians are experiencing PTSD associated with the responsibilities of taking care of very sick patients in such demanding circumstances and offering the means to assist with this via talk therapy or other avenues is extremely important.

For many clinicians, the EHR has served to assist with ensuring that clinical milestones for patients aren't missed. For example, preventive services can be tracked via the EHR and prompts relayed to providers regarding the need to schedule these services. In addition, having access to patient records across the health care enterprise with pertinent patient information in one location decreases the stress associated with having to search several systems for results or consultation visits with specialists. Laboratory and radiology reports are almost immediately available. Having immediate and easy access to patient records gives

the clinician the information and data needed to determine diagnosis and develop treatment plans in a timely manner. This benefits the patient and assists with decreasing the stress of searching for results for clinicians. I believe that each coming iteration of electronic health record offerings should be developed to ensure intuitive use of the product and how the product can best be leveraged in new and different patient care settings.

VAN DRIEL: I think Roxie is right. We've seen that even in a small community. I frequently have conversations with my providers about how the impact of the EHR has improved data capture, but it has disrupted workflows to the extent that they find they are less productive. If we can't find a way to make the record work better, it's going to continue to be a frustration. That's the epitome of burnout among providers — when you place multiple demands on their time and you stretch them in multiple directions.

NEGLEY: A recent study found that the typical physician spends about 30% of the workday on the EHR, compared with interacting with patients. We're allocating at least 10% of a provider's work week for admin time.

Some of the optimization is even measuring the pajama time — the work they do after hours — to try to decrease that, because it is becoming a real source of burnout. Our physicians and providers feel as though they never get away from the churning wheel of needing to catch up on labs, medication refills and triages.

Health systems need to start thinking differently in how we're using EHRs. The data capture is great but sometimes I think we're going overboard in capturing data simply to capture data.

SANSALE: Looking at different technologies that exist today, one of the more aspirational objectives is if we can eradicate the computer and keyboard from being in-between the patient and clinician and harnessing the power of voice. We're seeing that play out in interesting ways with modern day virtual assistants and transcriptions from simple speech to text, to human-augmented virtual assistants, to fully automated note creation and insights extraction. In addition, we need to find a new balance that relieves the clinician documentation burden through workflow automation or by redistributing the activity to staff and/or even to the patients if appropriate and safe.

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