EXECUTIVE INSIGHTS

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TRANSFORMING CARE DELIVERY BEYOND THE PANDEMIC

How the pandemic is leaving its stamp on digital care models, health equity and predictive analytics

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When COVID-19 hit, many providers were saved by their digital front doors. They swiftly leveraged technology, data and staff to make care delivery safer, more efficient and easier to access, accelerating new care models in the process. They streamlined operations to direct patients to the most appropriate care settings, such as alternative care sites and office-based labs — moves that have eased the burden on resource-stretched emergency departments. Hospital leaders also embraced rapid decision-making and digital-first strategies.

KEY FINDINGS

1. After the rapid uptake of telehealth during the pandemic, **providers are updating their digital health strategies** and tying them more directly to consumer strategies.

2. Even with stretched resources, providers can use **predictive analytics** to personalize care and more effectively direct patients to the most appropriate setting during surge periods.

3. **Cultural awareness** is key to capturing granular data on social determinants at all hospital and health system points of entry. Staff must be educated to elicit this detailed information in culturally sensitive and competent ways.

VIRTUAL PARTICIPANTS

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TRANSFORMING HEALTH DELIVERY BEYOND THE PANDEMIC

How the pandemic is leaving its stamp on digital care models, health equity and predictive analytics

MODERATOR *(Doug Shaw, American Hospital Association):* **In the midst of COVID-19, providers have moved quickly to adapt technology, data and workforces to deliver care. Now with the vaccines and distribution well underway, we're already beginning to assess what changes will become permanent and what opportunities remain to transform care delivery even further. What has had a major impact in your operations? More importantly, what will be relevant beyond the pivot?**

THOMAS PRISELAC *(Cedars-Sinai Health System):* We began to put all of our telehealth technology in place prior to the pandemic. The pandemic obviously sped up both consumer and public adoption, as well as provider adoption of telehealth. Now, we need to develop what I call Digital Strategy 2.0. We're trying to envision digital service lines and aspects of medical care that lend themselves to a digital platform. Starting at the consumer end, how does digital fit into our consumer strategy — not care strategy — and where is the link between the two?

"This forceful disruption combined with years of digital preparation is a recipe for the acceleration of different care models."

— Hank Capps —

RUSS GRONEWOLD *(Bryan Health):* All of a sudden, telemedicine became a natural and necessary part of what we did. On the consumer side, we aren't sure what that should look like. We saw rapid telehealth adoption in existing service areas and we've had rapid contraction after the surge. So, like everybody, we're trying to understand how digital strategy works itself into our operational plans.

BARBARA PRICE *(Scripps Health):* Strategically, what we're focusing on is how we appropriately digitize the patient journey and how we integrate patients' virtual experiences with their physical experiences? Patient needs will vary across their care journeys. Consumer desires also will vary. We have been looking at telemedicine from the consumer perspective. Prior to COVID-19, I don't think we closely followed what the consumer wanted. Now, consumers' needs and desires have become critical.

STEVE JOHNSON *(UPMC Susquehanna):* We look at this as a three-legged stool: digital access to organizational information; consumer access to provider; and provider-to-provider access. We saw rapid acceleration in all three areas. They already existed when the pandemic started, but they moved forward rapidly. We haven't seen any retraction in terms of consumer access to organizational information. That continues to accelerate. The same is true with provider-to-provider access. We are rural, and the connection between academic leadership and our service delivery on the front line has been powerful. In many respects, we're trying to figure out the consumer-to-provider piece. That's where we've seen wild swings, depending on the mood of the community and the volume of COVID-19.

DARIN LIBBY *(ECG Management Consultants):* When we're helping clients, we frame it similarly across three areas. First, we determine how the organization can optimize workflows through the use data and technology. Second, we think about how to structure data as a strategic asset to heighten consumer-patient engagement. Third, we look at how to enhance the timely flow of information among providers to improve care coordination. It is critical to consider how to collect and use data across an organization to set up the systems that allow for capabilities in each of those three areas.

Related to the impact of COVID, our experience was that pre-COVID consumer and provider adoption of our clients' aspirational digital health plans was less than ideal. There wasn't a clear return on investment and patient and provider adoption was low. COVID has accelerated adoption with con-

sumer and provider communities rapidly embracing telehealth and virtual visits. We expect demand to continue to remain steady as patients and providers experience the benefits.

HANK CAPPS *(Wellstar Health System):* This forceful disruption combined with years of digital preparation is a recipe for the acceleration of different care models. And now, with a consumer digital strategy organized around the patient — not location— think about all the different strategies you'll execute. The care may be sequenced differently, but at the end of the day, you'll still provide it.

It boils down to integrating digital capabilities into care models, and how that translates to the patient experience. We went from hundreds of visits in a six-month period to thousands of visits a day. If the payer and regulatory environment doesn't change, neither will the demand. That's how digitization comes to life in the long term.

MICHAEL SLUBOWSKI *(Trinity Health):* We're in 22 states and employ more than 100,000 people, so we would have been dead in the water without having had robust digital capabilities enabling our leadership and support teams at our headquarters and regional health ministries to respond to COVID-19. The power of having the digital platform in place became evident to us in a short period of time.

MODERATOR: What information are you capturing and how are you using it to improve access to care, address social determinants, and otherwise improve care delivery? How does that play into your overall population health management efforts? Do you perceive a difference in the way that you capture analytics now, compared with six months or a year ago?

PRICE: When we turned to our disaster-response mode in February 2020, we created an internal dashboard that was available to all of our 18,000 employees. It looked at every potential indicator relative to volume and flow across our organization, including ambulatory, testing, patient throughput and post-acute care. It created enormous transparency. And an unintended benefit, particularly as we sent 3,000 people home to work virtually, was that it became a touchpoint for our employees. We've also been able to use data to predict consumer demand. For so long, we have been in response mode versus actually utilizing data to predict resource needs. As the situation became more severe, we couldn't come up with more resources overnight. But we could predict demand more effectively. We also have begun to use data to personalize care. For example, when patients show up, they first check in virtually. We know who they are; we know they're here; we know when they're walking into the office. Now we're evaluating a digital operations command center to systematically and permanently utilize this data.

" We gather more granular social determinants data at each entry point of our organization to address [health equity] and also to improve our data capture.

—Thomas Priselac —

PRISELAC: We often find ourselves with an unacceptably high number of people who, when asked, decline to tell us their race or ethnicity or check "other." We gather more granular social determinants data at each entry point of our organization to address this and also to improve our data capture. There's a human component to this, and it involves educating staff to elicit that detailed information in a culturally aware and competent way.

JOHNSON: As a rural system, we're challenged by the imbalance of supply and demand and the issues of distance and travel. We found patients who were willing to relocate on an as-needed basis between our hospitals to balance that supply and

demand. That's where our forecasting technology was beneficial.

LIBBY: We are working with clients to capture patients' social determinants data to better understand demand. Our work is focused on expanding the view of demand, moving beyond just the demand for immediate services to forecasting longer term the demand for services that assist in determining the future provider workforce. The data create a far more sophisticated provider workforce resource planning tool. By layering in more specific patient information, we can better predict over the long term the types of resources, physicians and care settings that specific populations need.

"By layering in more specific patient information, we can better predict over the long term the types of resources, physicians and care settings that specific populations need."

— Darin Libby—

CAPPS: The constant challenge is turning data into actionable information. Using COVID-19 and those dashboards, we started looking from the lens of health equity for any at-risk populations that weren't tested. We worked with our local communities to get into those ZIP codes. It made a big difference.

MODERATOR: How do you make the care that you deliver more accessible, more convenient and more personal? Where are you in terms of your digital front door and how are you investing in it?

WESLEY BURKS *(UNC School of Medicine):* The pandemic and other events of the last year have changed our curriculum. We now train students to become more comfortable with virtual health. We're also examining how to incorporate social justice issues into our teaching, encompassing everything from patient care groups to different classroom experiences. That has affected our academic curriculum even more than the pandemic has.

MARK FAULKNER *(Baptist Health Care):* We created partnerships mainly through minority congregations. We worked with them early on to promote COVID-19 testing and education and now around the vaccine uptake. We see significant differences in white versus nonwhite adoption and acceptance of the vaccine. We are intensely focusing on these groups, again using telehealth as one of the main portals to provide that education.

MODERATOR: Are others finding opportunity in digital tools to address health inequities, both at the curriculum level and at the point of care, such as in vaccinations?

PRISELAC: We're using Epic as the vehicle for registering our staff. And our data quickly pointed out that our staff, especially those who work in our service departments, are not necessarily digitally enabled. All of our baseline communications are built around digital systems. Fortunately, part of what we built was a management reporting system that allowed us to know who had access to scheduling and who had been vaccinated. That enabled us to engage person-to-person with our employees and address their vaccination concerns.

MARY STARMANN-HARRISON *(Hospital Sisters Health System):* We found that many minority populations, which include our colleagues, were hesitant to get the vaccine. And if our clinical colleagues are hesitant, we can only imagine the level of hesitancy among bigger groups. We partnered with well-respected minority physicians, nurses and clinicians who were pictured receiving the vaccine. Another strategy was to work closely with the churches; people trust their churches.

GRONEWOLD: We found success in recruiting our own employees of color and equipping them to create an awareness among their individual commu-

nities. We're translating educational materials into eight languages to achieve this.

MODERATOR: How do you prioritize the myriad digitalization opportunities? What rubric do you use?

PRICE: We learned from COVID-19 that we could do a lot of things quickly and effectively, but it took an extraordinary amount of focus on a few critical patients. As we all know, the dollar amounts that we invest in technology are staggering. We're running our information technology investments through our strategic priorities, which include continued affordability, access and convenience. We are using those priorities to create a sequence over the next few years that provides the biggest bang for our buck, and it includes creating systems of care that are specific to patient types. We are all grappling with the issue of trust, so we're focusing on making the patient journey more consistently affordable, accessible and convenient to forge that trust.

LIBBY: We are working with clients to prioritize initiatives, which has included exploration of partnerships and alliances to accelerate adoption. I am curious if others are creating partnerships to explore different strategies and to more quickly adopt different technologies?

PRISELAC: There are plenty of technology vendors who want to help us advance our various goals, but what they also want to do is disintermediate us from our patients. We're not interested in that. We must identify shared strategies to solve the technology barrier while not losing the primacy of our relationship with patients and the primacy of our relationship with consumers who ultimately become patients.

STARMANN-HARRISON: When COVID-19 hit, we made decisions probably ten times more quickly than we would have historically. And we saw how effective that was. The speed of change is going to be different from here on out. We also learned that standardization is key. You can't be doing things 15 different ways and be able to coordinate under such circumstances. We have also strengthened our connection with consumers. In our markets, we had consumers sign up for MyChart. Once we began to use MyChart to help test and vaccinate patients, many more people embraced it. The older population realizes how efficient it is, whereas, they wouldn't touch it before. Positive things will come out of this, even though it's been an experience we hope we don't have to repeat.

LIBBY: One of ECG's concerns for health systems is that there are investors and technology companies trying to capitalize on niche segments of the health care journey. The real strategic advantage for provider organizations is the ability to connect virtual care strategies to the brick-and-mortar world. We're not going to do away with in-person care and, therefore, the opportunity now is to use data to make better and lasting connections with patients to link the patient journey regardless of where and how care is delivered. ●

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