



Preparing for the 'New Normal' Post-COVID

A white paper addressing how hospitals, medical groups and other healthcare organizations can prepare for and address current and future challenges caused or highlighted by COVID-19.



PREPARING FOR THE 'NEW NORMAL' POST-COVID

SOLVING THE COVID-19 AFTERMATH

The emergence of COVID-19 is presenting a barrage of challenges to America's healthcare system, straining resources to their utmost and absorbing the complete attention of healthcare professionals nationwide.

Administrators, public health professionals and, most particularly, physicians, nurses, and other care providers are responding to these challenges in a concerted and inspirational manner.

However, as the focus is primarily on meeting the short-term demands of the crisis, it is important to remember that it will eventually subside and a post-COVID-19 environment will emerge. By considering what changes are likely and planning for it now, healthcare organizations will better position themselves to address patient and community needs and thrive in what will be a new world.

In this white paper, AMN Healthcare's Physician and Leadership Search Solutions division examines the post-COVID-19 environment and how to prepare for it.

HOW THE FUTURE IS AFFECTED DURING THIS TIME OF CRISIS

As we partner with health systems and providers around the country during this unique time, we have identified several important challenges and trends emerging that healthcare organizations should proactively address. These include:



AN APPREHENSIVE, RESTLESS, AND FRUSTRATED WORKFORCE

Physicians, advanced practitioners and other healthcare professionals who may never have previously thought of leaving their positions now are contacting recruiters in a quest for security and stability.

COVID-19 has put tremendous stress on many healthcare providers who have seen patient volumes drop and many physicians are expressing dissatisfaction over a loss of control and their organization's handling of the crisis causing a potential retention challenge for healthcare organizations nationwide. The stresses facing physicians and causing them to experience low morale, burnout and turnover, were well-documented prior to the pandemic. In a national 2018 survey of physicians conducted by Merritt Hawkins on behalf of The Physicians Foundation, the majority of physicians (62%) indicated they were pessimistic about the future of the medical profession while 78% said they sometimes, often or always experience burnout. While COVID-19 did not cause this unrest, it shined a spotlight onto it and potentially exacerbated it – Merritt Hawkins saw a 300% increase in candidates reaching out interested in telehealth related positions since the crisis began, and a 15% increase in overall candidate interest – with a more significant increase expected.

POSTPONED PROCEDURES AND A FUTURE OF VARIABLE DEMAND

Many hospitals and other sites of service pivoted away from elective and non-essential procedures to prepare for a COVID-19 surge. Consequently, pent-up demand is building pressure that may cause a spike in procedures in some areas that may overwhelm hospitals as they recover from the pandemic, while other areas may see a slower ramping up as more people regain employment, health insurance and the ability to access care. Maintaining patient safety is a critical priority should there be a rapid resurgence of procedures. Patient safety in this scenario is likely to be determined by three primary factors:

- The health system's ability to minimize patient risk by leveraging remote and virtual delivery models,
- By having protocols in place for monitoring COVID-19 cases for the accepted 14-day measuring period, and
- The availability of personal protective equipment (PPE).

Hospitals that put in place protocols for protecting the safety of non-COVID-19 patients should be able to rebound more quickly than those that are behind this curve, but much of this resurgence will ultimately be dependent on patient behavior and demand. As a result, COVID-19-related procedure postponement will result in a period of unpredictable volume, creating stresses on certain specialties and organizations while leaving others overstaffed and over prepared.



EMERGENCE AND ACCELERATION OF NEW SERVICE DELIVERY MODELS

The effort against COVID-19 is spurring the application of innovative delivery methods such as telemedicine and pop-up clinics, as well as the reduction of barriers to licensure that allow for the freer flow of talent. As mentioned above, these new models will play a critical role in the resurgence of non-COVID-19 patients and procedures, but additionally, these innovations are likely to persist and play an important role in the health system's long-term strategy. These new models will change patient access, provider capacity, and countless other elements of managing the health system and should be evaluated and determined now in anticipation of community and staff pressures.

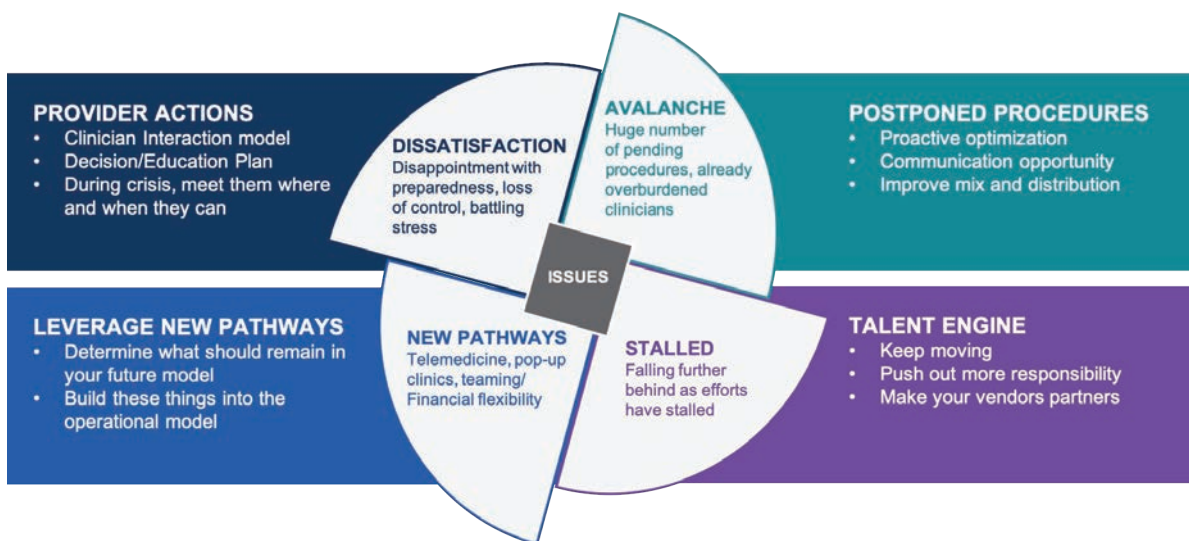
STALLED CLINICAL TALENT RECRUITING EFFORTS

The strategic changes and challenges alluded to thus far will reach their peak at a time when many healthcare organizations will be coming out of a holding pattern in talent acquisition, or even coming off of necessary furloughs, making workforce challenges even more difficult to address. Many hospitals and other healthcare organizations were already behind in recruiting and hiring efforts amidst a widespread physician shortage, projected by the Association of American Medical Colleges (AAMC) to reach up to 122,000 physicians by 2032, even before the current crisis.

Hospitals and other healthcare organizations that had spent years and considerable resources bolstering their primary care capacity were beginning to address long postponed needs for a variety of medical specialists, for which demand was rising. This activity was in line with AAMC projections, which included a shortage of up to 55,000 primary care physicians by 2032, and an even greater shortage of up to 67,000 specialists. The need for specialists is likely to be accelerated over the coming months as the pandemic compromises the health of many elderly and chronic patients, who typically require the care of specialists. Aggressive health systems are already seeing this time as an opportunity to attract top talent, likely resulting in an even more competitive talent market for many organizations emerging from the crisis.

COVID-19, and the healthcare market's response, has underlined these shortages and provided further impetus to long-term efforts to address them.

These trends are included in the diagram below and examined, with potential solutions, more fully in the remainder of this document.

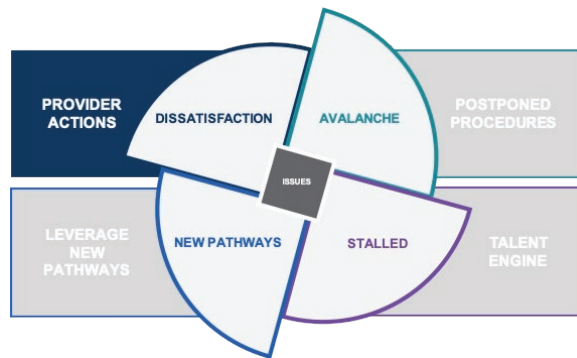


ADDRESSING THESE CHALLENGES HEAD-ON

PROVIDER ACTIONS – STRENGTHENING PHYSICIAN & CLINICIAN RELATIONSHIPS

It is often observed that in times of challenge or strife, strong bonds are created among those who must confront and address the dangers and obstacles at hand. This is likely the case with hospitals and other healthcare organizations that are addressing COVID-19, side-by-side with physicians and other clinical staff.

This is the ideal time to partner with physicians and other healthcare professionals in a supportive, communicative and effective way, creating the interactive dialogue that is essential to positive clinician/hospital relations. Communication can be heightened by:



- **Creating an enhanced interactive communications model.** Focus on when, where, how, and what physicians, clinicians, and other healthcare professionals need to hear from the organization. The distractions of the current moment can be mitigated with concise, useful information that stresses the facility's concern and commitment to the health and well-being of its clinicians. It is important to proactively reach out to them, ask them what they need, and provide resources to support them and their families. Underlying these efforts is a commitment to transparency and assurance that team members are being heard. From new doctor socials, to mentorship programs, to open door office hours – every opportunity should be provided to staff to convey their suggestions, concerns, and opinions.
- **Work with physician leaders.** This is an important time to enhance the role and profile of physician leaders. Physician leaders will be essential in directing the pivot from the old delivery paradigm to a focus on COVID-19 care. They also will be essential to leading the organization into the post-COVID-19 environment. Now more than ever, staff will respond to leaders who have “walked in their shoes.” As things like compensation/productivity formulas and compensation stop-gap measures evolve, medical staff will look to physician leaders who understand and can explain the necessity and rationale for these, sometimes controversial, changes. Empower them to lead in this process and let them know they will be helping to set the direction when the crisis is over. This is also an opportune time to engage new or emerging leaders to serve as committee chairs or project leads to fill the administrative void as the organization reengages in a full spectrum of care.
- **Rethink operational methods.** COVID-19 has compelled organizations of all kinds, including healthcare, to become more nimble, efficient and focused. Reassigning personnel, changing reporting structures, identifying and promoting new leaders, accelerating supply chains, lowering bureaucratic barriers, and incorporating new sources of talent are all potential responses to the crisis that should be considered. Change meeting schedules and offload administrative work, for example, reducing the EMR data entry burden by providing scribes.
- **Institutionalize new approaches.** Select those best practices that should remain in place and incorporate them into the organization's structure once the crisis has been addressed.

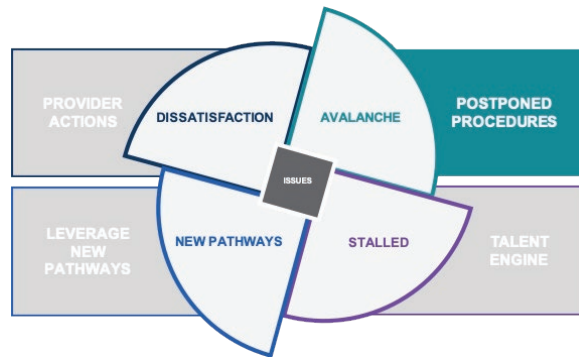
Despite the current extraordinary challenges, attention should be paid to physician retention strategies, as physicians and other providers will



remember how they were treated during the pandemic. Those organizations that focus on maintaining positive relations with their staffs will be better positioned for the many challenges that will be presented by the post-Covid-19 environment.

PREPARING FOR POSTPONED PROCEDURES AND VARYING UTILIZATION PATTERNS

As the pandemic plays out, the timing and volume of rescheduled procedures will be variable based on state and local experience and stay-at-home orders. Some areas of the country are likely to see a surge in demand, while other areas may be slower to ramp based on the rate of confidence about patient safety and economic recovery.



Balancing the coming wave of uncertain demand for postponed procedures with the need to retain (or regain) financial stability is a challenge, and also an opportunity to leverage new ways of operating and to maximize the value of the organization to clinicians and patients. The solution includes:

1. **Leverage published criteria** for reintroducing procedures by type and specialty. The American Hospital Association, in partnership with other healthcare organizations, recently provided guidance on resuming elective surgeries. As information evolves, continue to leverage this as a resource as the guide to knowing when and how to begin to bring these procedures back into your facilities.
2. **Review criteria** with clinical leaders to achieve buy-in. Although publicly available, it will be critical to ensure there is alignment on which procedures and patients are focus areas. Also consider an impact analysis, including assumptions for which procedures will likely return, those that are likely to be lost due to patient demand, lost to competition, or not a priority for the system in the near-term. There will be winners and losers in this scenario – some specialties will have a low near-term projected volume – this should be addressed head-on as part of the buy-in process.
3. **Develop a proposed procedure map** of postponed procedures, providing direction for which will be addressed in what sequence and share with all appropriate clinicians. This should include an assumed staffing plan for the anticipated demand, as this will likely vary from the pre-crisis staff requirements.
4. **Develop a patient communication plan** – This is an excellent opportunity to demonstrate to both clinical staff and the patient community that the organization has developed a plan for accommodating postponed surgeries that is as equitable and clinically sound as possible. It is important to base the plan on both objective data and on empathy for what will be a distressed patient population.
5. **Get out in front** of this issue by releasing a comprehensive communications plan that explains to clinicians and patients the rationale for how postponed procedures are being prioritized and scheduled and why the plan is in the best interest of both staff and patients.

Beginning to work with the team and the community to solve this challenge cannot start soon enough. Many organizations are under financial pressures and will depend on these procedures to start to restore financial wherewithal to serve the community. Regardless of financials, it is critical to provide care that has been postponed by quickly ramping up operations.



CRITERIA



REVIEW



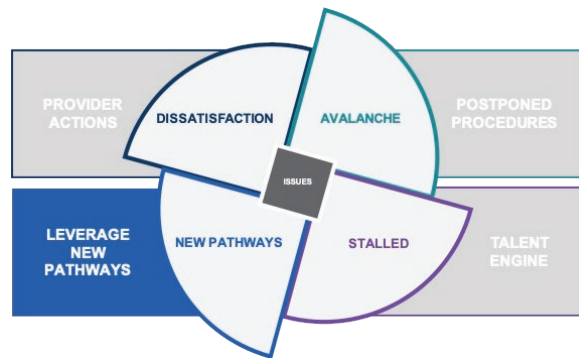
MAP



COMMUNICATE

LEVERAGING NEW SERVICE DELIVERY MODELS – BUILDING THE STRATEGY FOR NEW APPROACHES

In just a matter of weeks, hospitals and other healthcare providers have accelerated the use of innovative care delivery methods that have been available yet experienced slow adoption. As more clinicians and patients have positive experiences with these methods, we cannot expect a return to pre-crisis levels of utilization. The following are some new methods emerging:



- Telehealth’s impact on hospital operations** – Telehealth is here to stay. The need for contact-less patient encounters during COVID-19 has dramatically increased the use of telehealth when previously less than 10% of patients had used it. According to an April 2020 survey conducted by Merritt Hawkins in collaboration with The Physicians Foundation, 48% of physicians are currently using telehealth to treat patients, up from 18% in 2018. A more complete pivot to telehealth will require both training and compliance capabilities, embracing physicians and other care providers as well as coders and case managers. Particular attention must be paid to HIM departments to ensure billing and coding are done correctly in concert with new technology. Providers should be prepared to adapt to the new scope of telemedicine application that may embrace a wide range of basic services, such as medication checks, follow up visits and wellness exams that will be conducted virtually. Telehealth also changes the workflow, scheduling and staffing requirements of the organization. Legacy scheduling and staffing plans will likely need to be reworked as they impact key operational and financial metrics of success.
- Flexibility and teaming across the network** – COVID-19 sparked teaming in two different ways. First, the rapid redeployment of staffing resources within a hospital to prepare for and manage the surge is an excellent example of how more flexible resources could be an asset to an organization, particularly in the unpredictable “new normal.” Remarkable progress has been made in the past weeks by reconsidering how clinical personnel are allocated and ways in which they can work in complementary teams. Organizations that can sustain that progress in the coming months and leverage all of the COVID-19 prep decisions will be more flexible with how and where their staff is deployed and will be best positioned to manage the expected fluctuations in demand. Second, a recent *HealthAffairs* article projects that 49% of all COVID-19 patients could require some form of post-acute care, most of which will be delivered by Skilled Nursing Facilities and Home Health Agencies. As regulations change and loosen to further open up these delivery models of care, health systems should consider the long-term role these care delivery models play. Evaluating and formalizing how these organizations partner together will allow systems to better utilize personnel and reevaluate the care team approach to care.



PLAN



CHANGE



INSTITUTIONALIZE

- Community pop-up centers** – What will happen to the fit-for-purpose centers that were stood up for rapid testing centers and urgent cares? As the healthcare system, and society, settle into a post-crisis stage, there likely remains a role for these facilities to mitigate the stress on other sites of

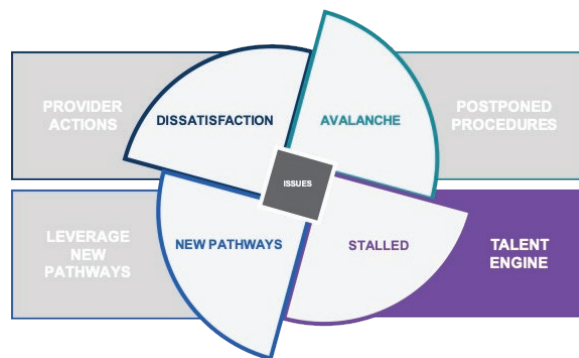
care when short-term needs arise. Proactively determine a strategy for their use and operations by considering the following:

- How to staff and operate them in a way that isn't financially taxing on the rest of the system?
- How to coordinate services with all of the other sites of care (telehealth, urgent care, etc.) and communicate that to the patient population?
- What role could they play more permanently in our healthcare ecosystem?
- How can we institutionalize our ability to stand-up and operate these sites effectively for the next crisis?

Once this crisis has subsided, there is a real opportunity to seize on the positive advancements that were made and carry the momentum forward. Out of necessity, organizations innovated around ways to provide care using new and different models. A deliberate plan should be developed to retain what has been implemented, which, ideally will be more efficient, effective and responsive to patient needs than what came before.

CLINICAL HIRING – KEEPING THE TALENT ENGINE GOING

Physician and clinician hiring is an extension of strategy, as necessary and specific personnel must be in place to carry out given objectives. However, recruiting activities were likely disrupted as priorities shifted. There are several ways to maintain or return to the momentum of recruiting:



- **Commit pre-COVID hiring plans** – Although there has been reduced staffing needs in many areas, recognize that the clinical staff and hiring is still required to meet future patient care and community need. An organizational commitment should be made to keep the hiring process moving through online channels and all other applicable communications avenues (virtual channels). Due to the uncertainty ahead and impact on the labor pool, maintaining adequate staffing may be challenging. Health systems should consider the use of flexible labor to meet demand and minimize risk.
- **Make vendors your partners** – COVID-19 is demonstrating that all stakeholders must pull together to meet a common challenge. Talent is the lifeblood of the health care system, and talent vendors can be an important ally and key strategic relationship. Now is the time to consolidate many vendors to a select a few, and find ways to work more efficiently and cooperatively with those key partners. Integrate key partners so they understand the organization at all levels, from culture to delivery. Select key partners that go beyond providing services who are able and willing to solve problems and support innovation.
- **Offload responsibility to your partners** – These relationships should make operations easier and act as an extension of the hospital's mission and resources. In order for partners to deliver value toward your organizational objectives, initiatives and culture, involve them at the strategic level and integrate them into processes. Utilize them to support key business processes, such as sourcing staff, hiring, onboarding, scheduling, and vendor management, so you can remain focused on patient care delivery.

- **Refine processes to accelerate and streamline decisions** – Administrative or communications barriers often exist that reduce the ability of partners to respond quickly during the recruiting process. Existing processes evolve over time and often become cumbersome and overly complex. An objective third party with expertise can be a great resource to identify and implement more efficient practices.
- **Consider virtual strategies** to support the on-site limitations presented by this crisis. Technology can be effectively utilized to attract and interview candidates and even get to final offer without ever meeting them in person. Many organizations that never used these tools before became quick adopters of a fully virtual hiring experience.

Healthcare is still and always will be talent-based industry. Care is about human compassion and touch. Technology will continue to advance our ability to serve more of the population in safe and effective ways and should be exploited to its fullest extent. However, during these times we all recognized the importance of our caregivers and clinicians and we cannot afford to stall out on efforts to retain and attract this vital resource.



INTERTWINED

CONCLUSION

In summary, there are four primary focus areas around which hospitals and other healthcare organizations can begin strategic preparation on for a post-COVID 19 environment.

These include:

1. **Retain clinical talent** – Build strong bonds with current staff during the crisis. Do not let the crisis erode how the clinical team views the organization. Instead, foster a sense of teamwork, shared mission and comradery.
2. **Plan for the surge of postponed procedures** – Postponed procedures are a challenge, and other organizations' postponements are an opportunity, that can be addressed by considering the best who, when, and where options for completing the significant level of work that is coming before it resumes, and communicating to patients and clinical teams accordingly.
3. **Determine how to leverage emerging ways of delivering access and care** – Distributed services like telemedicine and pop-up clinics are all here now. A strategy can and should be developed to determine both the near-term and longer-term uses of these new care delivery models.
4. **Keep moving toward your clinical hiring goals** – Do not fall further behind during the crisis. Achieving the first three goals listed above is nearly impossible if you are playing catch-up to right-size the organization. Instead, consider what can be done to maintain recruiting momentum, including video interviewing and partnering with experts in order to hit the ground running as the new environment unfolds. It is unlikely that there will be a time in the near future that so many qualified physicians and other healthcare professionals are in the market, open to new practice opportunities.



It is important to appeal to them through flexible scheduling, tailored scope of practice, scribe-assisted EHR, telehealth, creative compensation formulas and others means while the current era of abundant talent lasts.

The current challenge presented by COVID-19 is unprecedentedly overwhelming, absorbing the attention of the healthcare industry, the government, and the nation at large. Nevertheless, it is important to consider that the crisis at some point will subside and that the economic, technological, cultural and social landscape will be altered in ways both predictable and unpredictable. Hospitals and other healthcare organizations that get in front of the post-COVID-19 landscape and prepare for its implications, including staffing, will be better positioned to meet the needs of their clinicians, communities and patients.

For additional information visit coronavirus.AMNHealthcare.com or call 800-887-1456.

AMN Leadership Solutions

At AMN Healthcare, we are guided by the fundamental belief that attaining and supporting the best performing healthcare leadership talent is vital to meet strategic objectives, improve patient care, enable organizational growth, and spur innovation.

AMN Leadership Solutions provides the full depth, experience, and resources of **AMN Healthcare**, **B.E. Smith**, and **Merritt Hawkins** to help healthcare organizations identify and secure those leaders and make those objectives a reality.

As people who have served in healthcare leadership roles, we are a trusted and credible advisor. We know that healthcare leadership is more than a job. It's a responsibility and a passion. It's a calling that has a higher purpose.