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Prioritizing Essential Care in the Wake of COVID-19:

Best Practices & Strategies for Healthcare Systems

A Discussion with Michael Beaty & Lawrence Vernaglia

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COVID-19 Recovery Planning

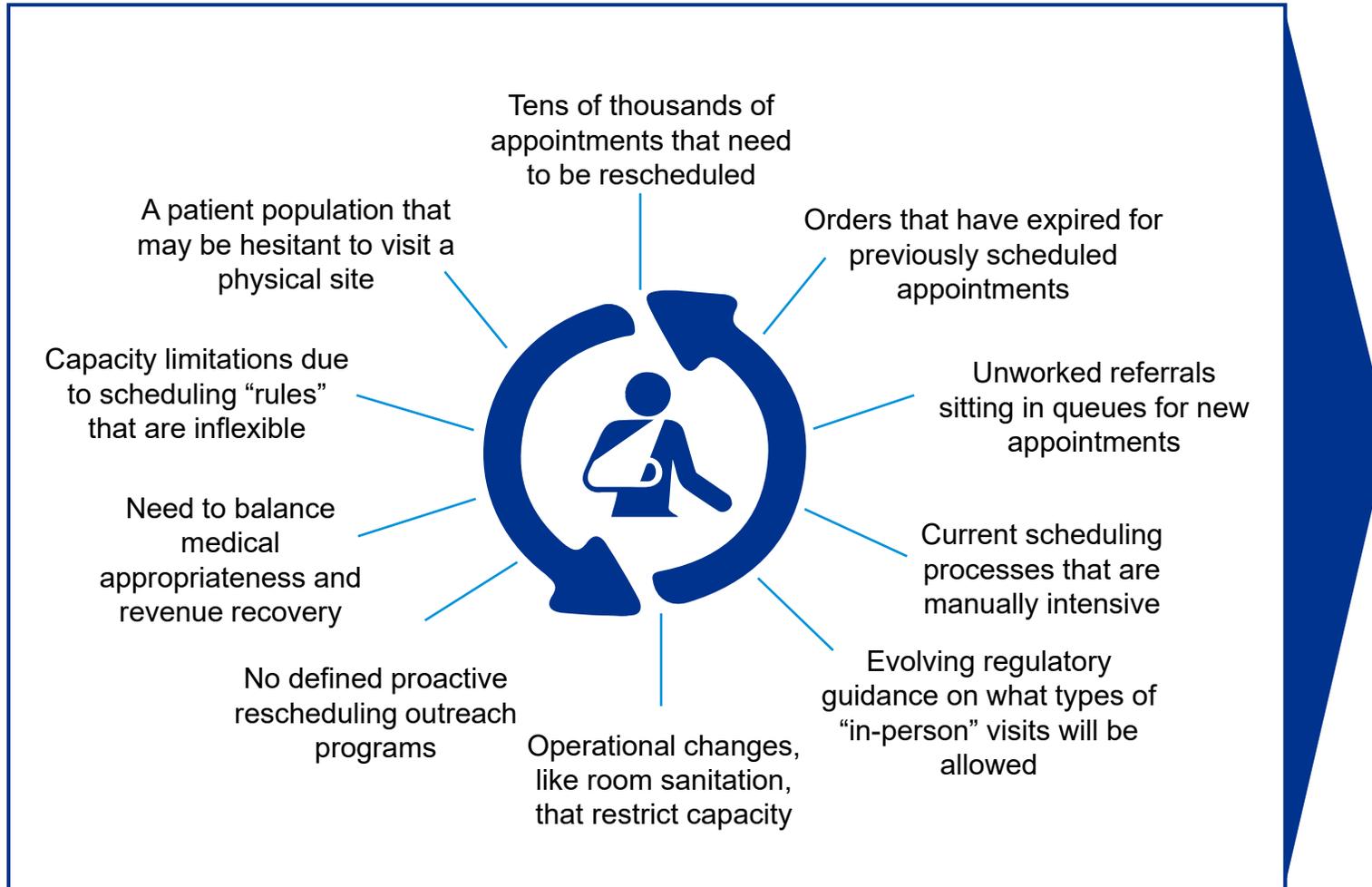
May 2020



Rescheduled appointments and procedures will be a key source of revenue recovery for healthcare organizations in the wake of COVID-19

*“Planning for the recovery will be more complex than planning for the surge”
– Jeff Short, VP and Chief of Staff, Montefiore Health System*

Key Focus Areas



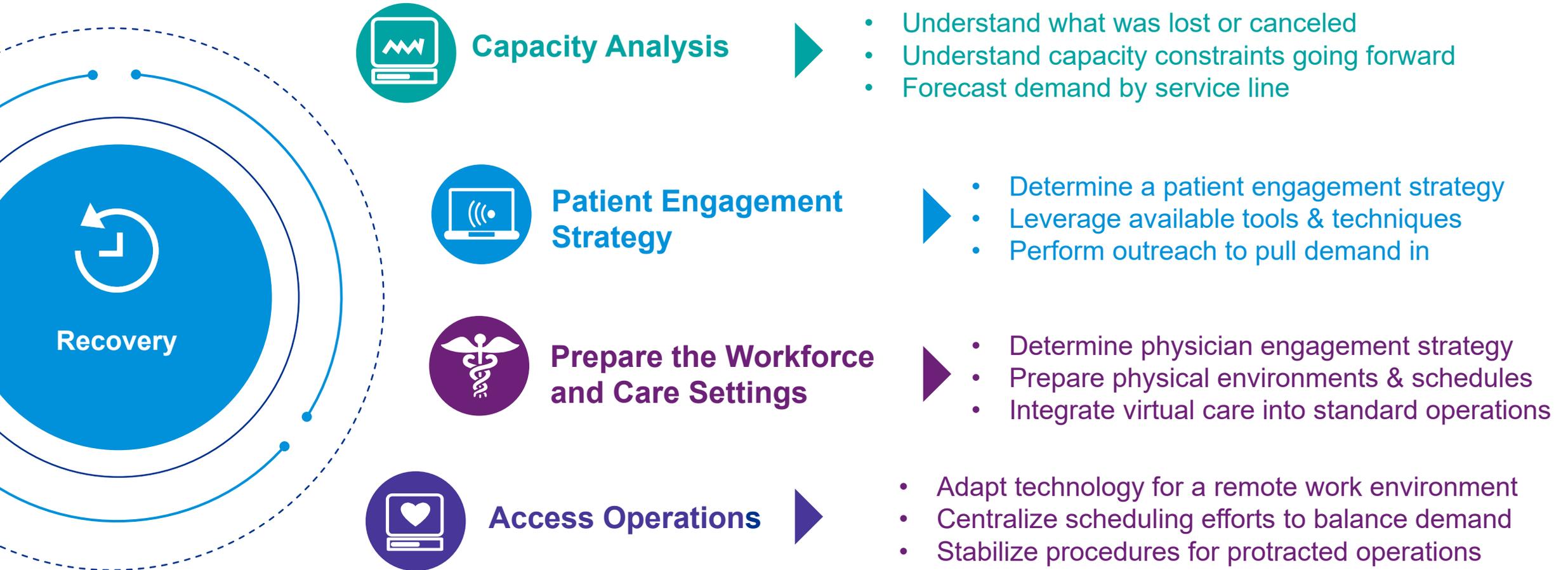
Understanding Your Capacity

Engaging Your Patients

Preparing your Workforce

Enhancing Your Operations

There are key activities health systems should undertake to recover from the COVID-19 shutdown and reopening





Capacity Analysis



Use analytics to triage and prioritize appointments/ procedures for rescheduling

1

Identify cancellation rates and volumes by type and location

Hospital | Appointment Cancellation Analysis

Imaging Cancellation Analysis by Modality										Imaging Cancellation Analysis by Location									
Modality (Hospital)					January 1, 2020 – December 31, 2020					Location (Hospital)					January 1, 2020 – December 31, 2020				
	Total Appointments	Appts. Scheduled	Total Appts. Cancelled	COVID-19 Cancellations	Overall Cancellation Rate	COVID-19 Cancellation Rate		Total Appointments	Appts. Scheduled	Total Appts. Cancelled	COVID-19 Cancellations	Overall Cancellation Rate	COVID-19 Cancellation Rate						
Bone	143	0	121	22	85%	15%	BHM	2,725	50	2,540	210	93%	8%						
CT	963	34	856	120	89%	12%	DH	601	6	553	38	92%	6%						
Echo	224	3	203	32	91%	14%	FH	61	2	56	6	92%	10%						
Mammogram	481	35	424	88	88%	16%	HH	1,036	54	907	140	88%	14%						
MCI/BC	315	3	297	21	94%	7%	MH	424	9	393	51	93%	12%						
MCI/CT	361	5	346	24	96%	7%	SMH	1,574	64	1,400	139	89%	9%						
MCI/DIAG	137	131	4	2	94%	0%	WKH	618	16	541	55	88%	9%						
MCI/MRI	360	3	350	17	97%	5%	Total	7,039	201	6,390	653	Avg -91%	Avg -10%						
MCI/NM	33	31	2	2	94%	0%													
MCI/PET	299	5	277	14	93%	5%													
MCI/STRESS	64	64	0	0	100%	0%													
MRI	1,010	27	904	58	90%	0%													
NVL	503	26	446	64	89%	13%													
NM	361	4	351	31	92%	8%													
PET	85	1	78	6	92%	7%													
Routine	508	10	462	33	91%	6%													
Stress Lab	27	24	2	0	89%	0%													
Ultrasound	1,135	37	1,025	125	90%	11%													
Total	7,039	201	6,390	653	Avg -92%	Avg -8%	Total	7,039	201	6,390	653	Avg -91%	Avg -10%						

Imaging Cancellation | Prioritization

Total Appts. **16,500**
Cancellations **4,448 | 27.0%**
COVID Cancellations **946 | 5.7%**

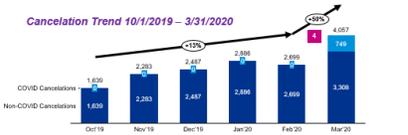
Overview by Modality 3/1/2020 – 4/15/2020

Modality	Total Appts.	Scheduled Appts.	Cancelled Appts.	COVID-19 Cancellations	Overall Canc. Rate	COVID-19 Canc. Rate
US	4,564	1,229	279	26.9%	6.1%	
MAMMO	3,065	786	211	25.6%	6.9%	
CT	3,137	1	685	169	28.2%	5.4%
MRI	2,123	1	736	124	34.7%	5.8%
BONE	1,052	221	83	30.5%	7.9%	
ROUTINE	2,219	1	398	70	17.9%	3.2%
ECHO	129	38	4	29.5%	3.1%	
NVL	66	22	3	33.3%	4.5%	
PET	113	25	2	22.1%	1.8%	
NM	26	5	1	20.8%	4.2%	
BIOPSY	8	3	3	37.5%		
Total	16,500	3	4,448	946	27.0%	5.7%

BOS Overview by Location 3/1/2020 – 4/15/2020

Location	Total Appts.	Scheduled Appts.	Cancelled Appts.	COVID-19 Cancellations	Overall Canc. Rate	COVID-19 Canc. Rate
loc#1	4,100	1,259	343	30.7%	6.4%	
loc#2	1,917	409	105	21.3%	5.9%	
loc#3	1,543	1	501	91	32.5%	5.9%
loc#4	1,216	283	62	23.2%	4.3%	
loc#5	1,166	318	42	27.3%	5.3%	
loc#6	1,117	304	58	27.2%	5.2%	
loc#7	1,018	309	89	30.4%	9.7%	
loc#8	872	256	35	29.4%	4.0%	
loc#9	680	2	157	20	23.1%	2.9%
loc#10	654	198	20	21.1%	3.1%	
loc#11	619	169	19	24.9%	2.9%	
loc#12	517	115	9	21.9%	1.7%	
loc#13	463	94	13	20.3%	2.8%	
loc#14	435	93	12	21.9%	2.6%	
loc#15	159	47	9	29.6%	5.7%	
loc#16	36	2	2	5.6%		
Total	16,500	3	4,448	946	27.0%	5.7%

- Key Takeaways:**
- 1 946 COVID-19 Cancellations were observed for all outpatient diagnostic imaging appointments from 3/1/20-4/15/20
 - 2 Ultrasound, Mammogram, CT and MRI experienced the highest percentage of cancellations
 - 3 facility experienced the highest number of outpatient diagnostic imaging COVID-19 Cancellations
 - 4 experienced a 50% increase in outpatient diagnostic imaging cancellations from February to March 2020

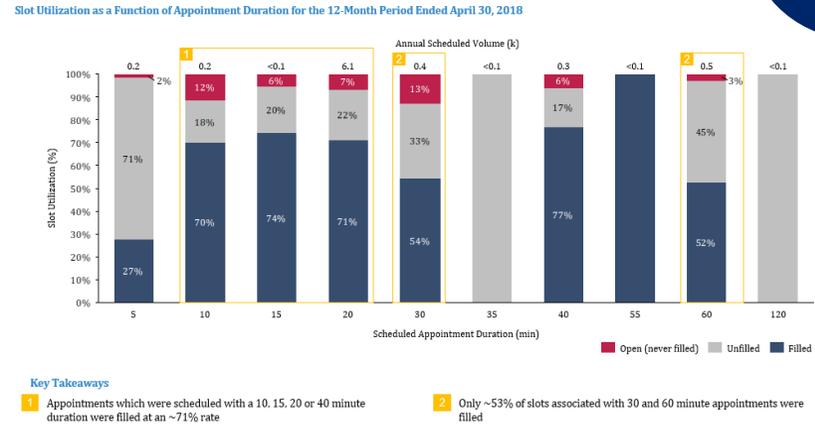


2

Prioritization of cancellations based on acuity, availability, and return

4

Measure and monitor slot utilization and fill rate to optimize recovery



KPMG - Capacity Analysis

Capacity Analysis - Radiology

Location: HOSP 1
Appointment Date: 1/1/2020 to 12/31/2020

Modality Information	New Vol	Min. Slot Length	Max. Slot Length	Apps. to be Rescheduled	Total Ws. To Resch.	
CT	6	10:0	8	30	20	120
Fluoro	6	8:0	12	80	17	102
IGI	6	8:0	6	15	32	192
MRI	6	10:0	12	45	27	142
NVL	6	10:0	24	45	40	180
PET	6	12:0	12	30	200	1,200
Stress Lab	6	7:0	6	30	14	84
US	6	9:0	12	30	21	126

Historical Vol. % chart showing trends for various modalities over time.

3

Model capacity changes with dependent operational variables

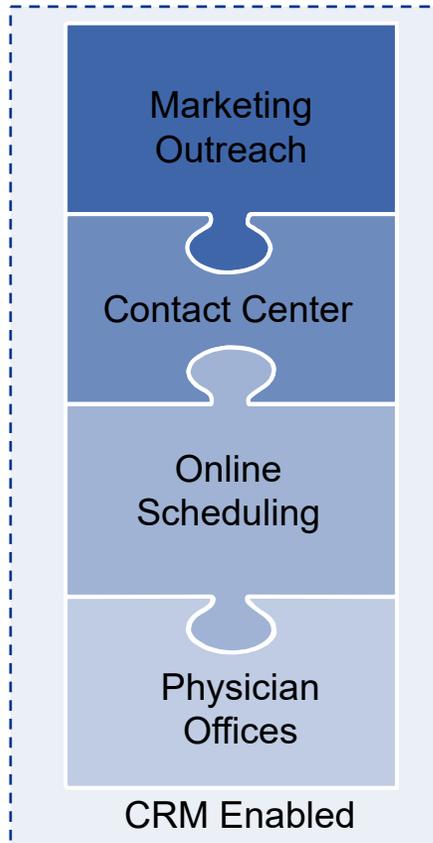


Patient Engagement Strategy



Patient outreach considerations

Engagement Tools



Rescheduling Approaches

Option 1: Assign Appointments

1. Identify patients utilizing prioritization criteria
2. Automatically assign new dates/ times
3. Send generic pre-schedule notification that appointments will be rescheduled
4. Propose patient appointment date/ time
5. Confirm appointment date and time with patient

Option 2: Request Appointments

1. Identify initial set of patients utilizing preferred prioritization criteria
2. Complete outreach campaign to generate inbound calls from patients to reschedule
3. Schedule appointment date and time with identified patients

Option 3: Hybrid Approach

1. Identify patients utilizing prioritization criteria
2. Issue notifications for need of a rescheduled appointment to generate inbound calls
3. Conduct targeted outreach to additional patients to reschedule remaining open slots

Key Considerations

Pros:

- Health system maintains control over appointment scheduling
- Maximized volume of appointments

Cons:

- Increased reschedule requests and no-shows
- Rescheduling of unneeded appointments

Pros:

- Enable patients to exercise control over the selection of their appointment date and time
- Potential reduction of cancelations/ no-show rates

Cons:

- Limited ability to maximize facility capacity as a result of unsuccessful outreach

Pros:

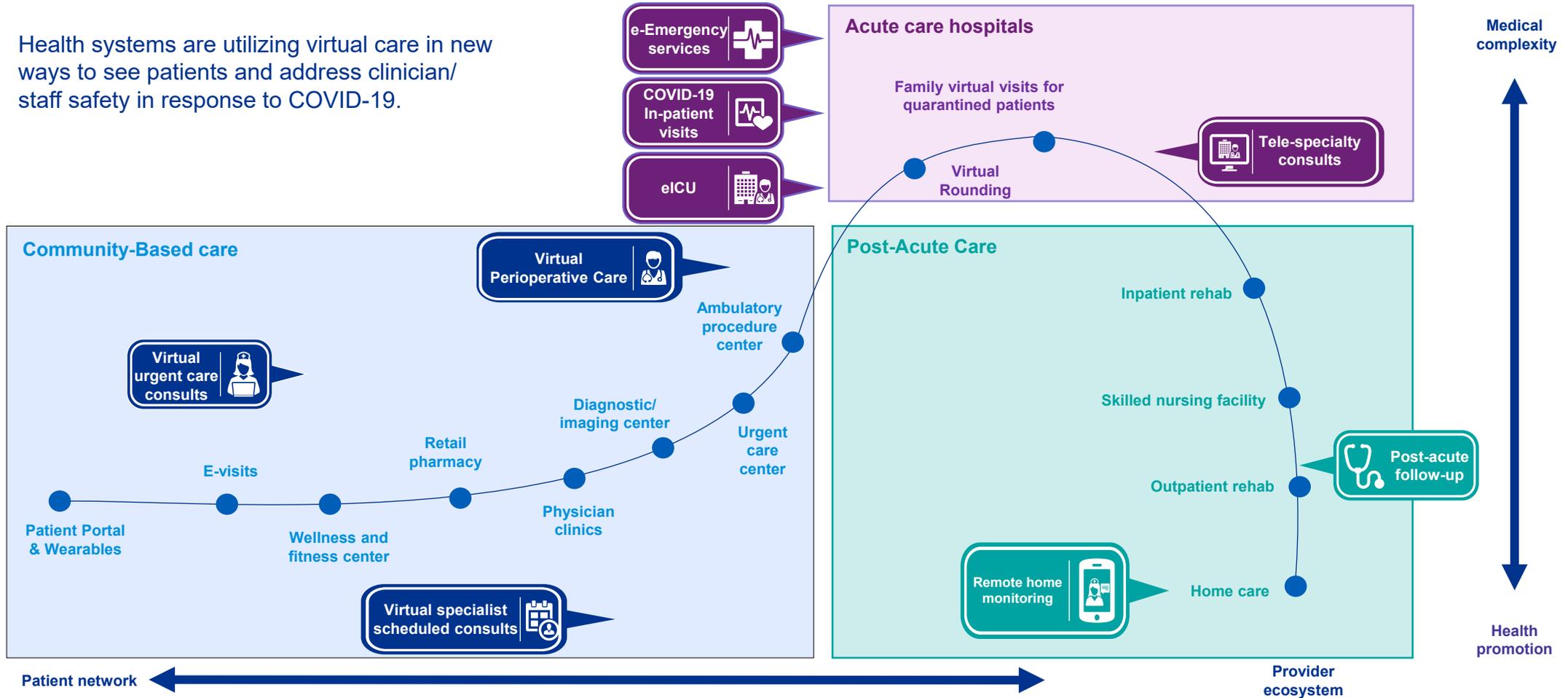
- System has control over capacity, allowing the team to establish a 'pull to full' model
- Ability to eliminate patients no longer requiring scheduling

Cons:

- Potential increase in patient no-shows

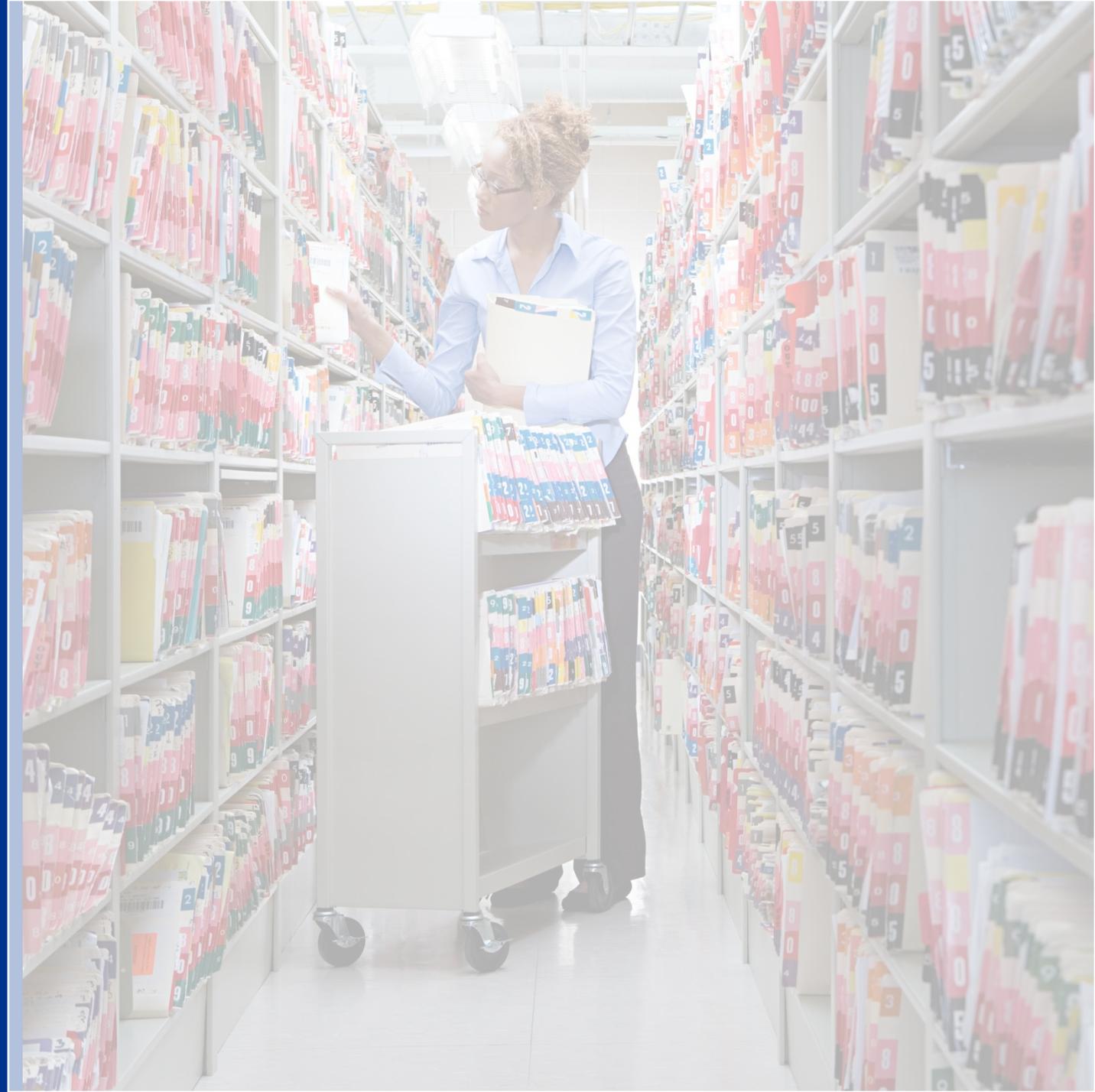
Virtual care and telehealth capabilities will be an essential part of volume recovery activities

Health systems are utilizing virtual care in new ways to see patients and address clinician/ staff safety in response to COVID-19.





Prepare Workforce and Care Setting



Workforce and Workplace Considerations

Back Office Non-clinical Staff

Key Considerations:

- Has been working virtually for weeks/months and wonders why they need to be in the office
- Has not experienced the same stringent infection control protocols as their workers at the hospital, so may find it difficult to work in the office with these new requirements

Individual Risk Level Profile:

- May feel the stringent precautions do not apply to them offsite
- May be worried about losing his job due to being 'non-essential'

Risk Mitigation:

- Continued remote work or staggered onsite work arrangements to reduce exposure and enhance social distancing
- Assessments of staff symptoms and temperature for health checks
- Adherence to hospital and regional policies for sanitation and distancing

Non-Clinical Hospital/Administrative Staff

Key Considerations:

- Has seen the effect of the pandemic on the organization first hand
- Wishes he could've done more to support the front line staff and patients

Individual Risk Level Profile:

- May be concerned about coming into contact with a wide range of care providers, patients & families as restrictions relax
- Could consider seeking work in a less risky setting

Risk Mitigation:

- Assessments of staff symptoms and temperature for health checks
- Adherence to hospital and regional policies for sanitation and distancing

Clinical Hospital Frontline Staff

Key Considerations:

- Could struggle with going back to 'normal' and 'letting her guard down' when it comes to infection control

Individual Risk Level Profile:

- May be experiencing burnout due to prolonged work weeks & shifts
- May be questioning their decision to continue in the profession, given the risks
- Could consider seeking work in a less risky care setting
- May have additional exposure to the virus

Risk Mitigation:

- Continued adherence to infection control policies and procedures
- Providing of resources for staff wellness and enhancing clinician experience
- Assessments of staff symptoms and temperature for health checks

Workforce and Workplace Considerations

Hospital

Key Considerations:

- Will need to continue stringent infection control precautions
- Staff and visitors could be under higher scrutiny to limit patient exposure

Workplace Risk Level Profile:

- Staff and patient exposure concerns as a visitors increase due to relaxing restrictions

Risk Mitigation:

- Health assessments of all staff, patients, vendors, and visitors
- Reduce number of individuals of all types in the patient room and on units
- Dashboards and applications to track staff locations and schedules for visibility
- Available pools of pre-screened staff to supplement staff unable to work due to risk levels
- Close common areas and encourage distance in seating arrangements

Ambulatory Surgery Center

Key Considerations:

- Could be experiencing higher volumes of patients as restrictions relax
- Will need to enhance infection control screenings of patients and family members
- Staff education will need to increase as they become accustomed to the new infection control protocols and volumes

Workplace Risk Level Profile:

- Staff may not be able to return to work due to risk score from health assessment
- Increased exposure risk due to volume increases and additional visitors

Risk Mitigation:

- Staggering of patient schedules to allow time for adequate infection control cleaning
- Limiting patient support individuals
- Health assessments of staff, patients, and family
- Dashboards and applications to track staff locations and schedules for visibility
- Available pools of pre-screened staff to supplement staff unable to work due to risk levels
- Have patients wait in car until the facility is ready to intake the patient

Clinics

Key Considerations:

- Could be experiencing higher volumes of patients as restrictions relax
- Will need to enhance infection control screenings of patients and family members
- Staff education will need to increase as they become accustomed to the new infection control protocols and volumes

Workplace Risk Level Profile:

- Staff may not be able to return to work due to risk score from health assessment
- Increased exposure risk due to volume increases and additional visitors

Risk Mitigation:

- Staggering of patient schedules to allow time for adequate infection control cleaning
- Health assessments of staff, patients, and family
- Dashboards and applications to track staff locations and schedules for visibility
- Available pools of pre-screened staff to supplement staff unable to work due to risk levels
- Have patients wait in car until the facility is ready to intake the patient



Access Operations



Access Center Operational Impacts

Access Operations

- “Hub Managed” template management for flexibility and optimization
- Procedures and processes for remote workforce management
- Centralize scheduling efforts to balance demand between physical locations and across virtual platforms

Access Technology

- Redesign the call tree to divert callers to the to appropriate care settings
- Integrate virtual care into EMR schedules and templates
- Leverage technology to enhance the digital front door and increase digital interactions

Access Communication

- Messaging that demonstrates operations are open and safe for patients
- Update protocols to determine appropriate care setting for patient
- Develop a robust knowledgebase for the quick dissemination of information and to foster a consistent agent interaction



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Upcoming Webinar

Creating and Managing a COVID+ Inpatient Psychiatric Unit

Thursday, May 28 | 12:30 -1 p.m. EST

Please check our website for registration details!