



# **Post-Covid Strategy**

Time to stop reacting and start planning

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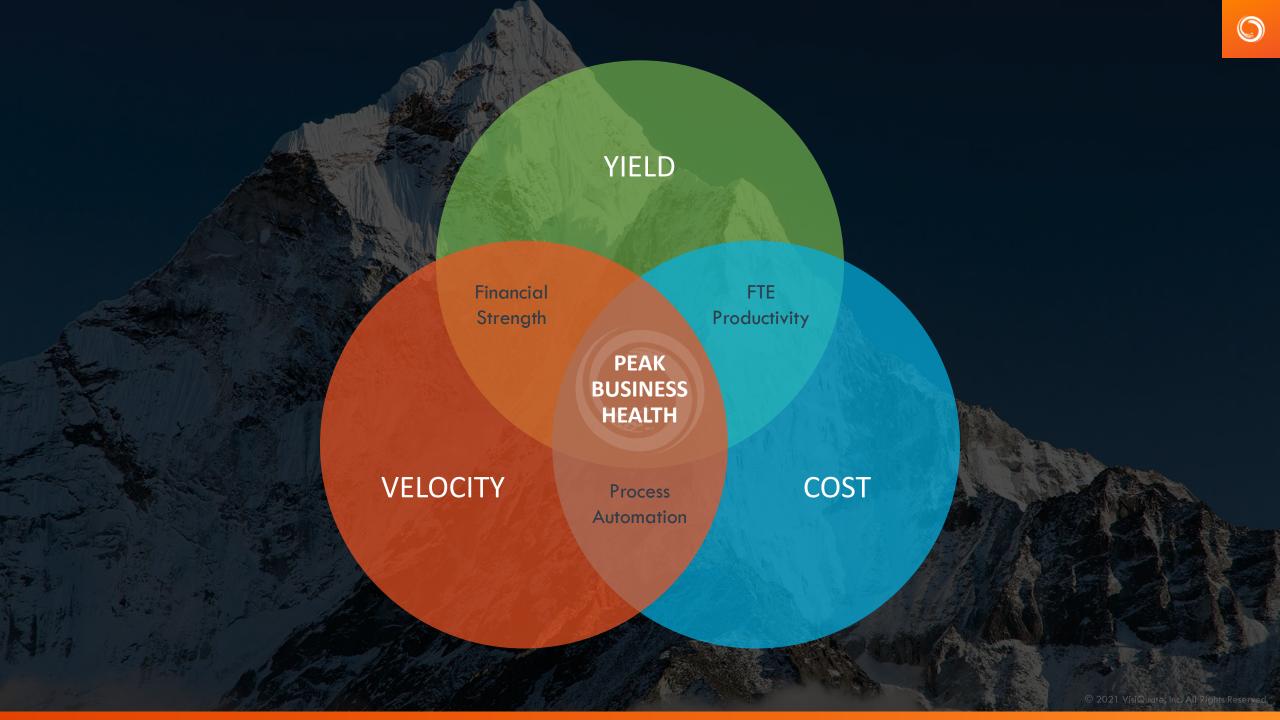






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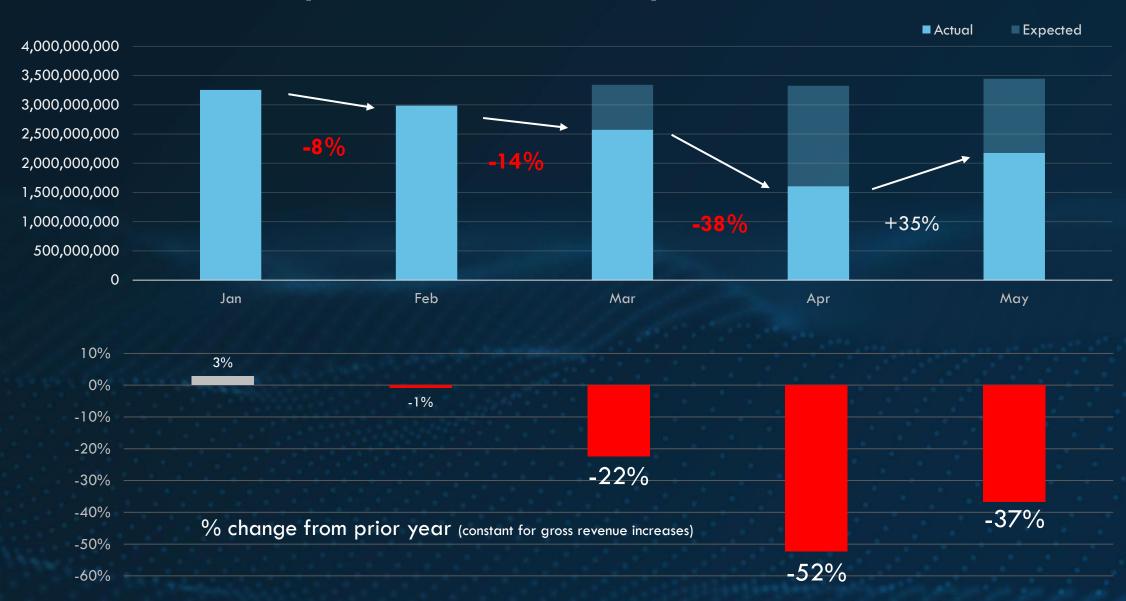


SPRING 2020

# COVID-19 had an immediate and dramatic impact on healthcare revenue



#### Outpatient gross revenue plummeted fast





# 28 Million

CANCELED PROCEDURES WORLD-WIDE

4.1M

IN THE UNITED STATES

343,670

CANCELLATIONS PER WEEK



# \$23 Billion IN LOST REVENUE

Approximately half of the annualized 4.8% United States GDP decline in the first quarter of 2020 is attributed to healthcare, especially delayed elective procedures.





#### 3 STRATEGIES TO CONSIDER:



Strategic Community

Development



Data-Driven
Care Expansion



Moneyball Strategy







# Strategic Community Development

Healthcare centric neighborhood

Long term SNF and PT

Assisted and therapeutic living

Smart Care Homes – homes connected to assistance

# What does this community

COMMUNITY

**FAMILY** 

**PATIENT** 

look like?



**POST-ACUTE CARE** 



**AMBULATORY** CARE



**DIAGNOSTIC SERVICES** 



**PHARMACY** 



PATIENT-CENTERED MEDICAL HOME



STATE + LOCAL **PUBLIC HEALTH** 





#### STRATEGIC COMMUNITY DEVELOPMENT



## What does success look like?

Decreased fragmentation

Improved coordination

Patient-centered medical home (PCMH)

Reduced duplication and waste in the system, due to sharing of clinical information

#### TRATEGIC COMMUNITY DEVELOPMENT



## Where are these communities currently?

#### Heritage Valley

- Aliquippa, PA
- Calcutta, PA
- Chippewa, PA
- Edgeworth, PA

Via Christi Health, Wichita, Kan.

Owensboro Medical Health System, Owensboro, Ky.

Marquette General Health, Marquette, Mich.

Western Connecticut Health Network, Danbury, Conn.

North Shore Physicians Group, Salem, Mass.

Orlando Health, Orlando, Fla.

Avera Health of Sioux Falls, S.D.

Novant Health, Winston-Salem, N.C.



ORLANDO HEALTH photo source: Joe Burbank / Orlando Sentinel







# **Data-Driven Expansion**

Analyze Operative Cancellations & Expand OR Services

Algorithm for surgical prioritization

Expansion of surgical capacity

Think beyond the 5-day work week

Focus on simplifying the surgical care experience



# Reinvent Discharge Planning

Streamline

Optimize post operative facility communication

**Contract Review** 

Focus on development of facilities to support inpatient and operative procedures









# What if the answer is right under our nose?

Instead of looking at denials, look at what's paying without a denial and expand that service area

#### **OUR ABILITY TO ANALYZE OUR CURRENT INVENTORY AND LOOK FOR:**

No denial on record

Services that have market share available

Services that can be performed outside of normal business hours

Services that don't require a major medical event in order to be performed

Services where reimbursement outperforms cash factor







False Denial



SINGLE

**Multiple Denials** 

**HOMERUN** 

Paid w/o denials



STRIKEOUT

100% Write-off

#### CASE STUDY



### 540 Bed Hospital in the Northeast

#### **PROCEDURES**

**PROSTATE BIOPSY** 

44% cash factor

**VASECTOMY** 

47% cash factor

PEDIATRIC SERVICES

63% cash factor

LAPAROSCOPIC HYSTERECTOMY

47% cash factor

**EXPANSION OPPORTUNITY** 

\$1.5 MILLION

#### CASE STUDY



### 584 Bed Hospital in the Northeast

#### **PROCEDURES**

**SLEEP STUDY** 

32% cash factor

OFFICE VISIT, ESTABLISHED PATIENT

51.12% cash factor

**MAMMOGRAPHY** 

35% cash factor



\$950,000





## 2,260 Bed Hospital in the Northeast

#### **PROCEDURES**

HOSPICE IP OP

86% cash factor

LAPAROSCOPIC HYSTERECTOMY

66% cash factor

HOSPITAL OUTPATIENT CLINIC VISIT

59.8% cash factor



\$5 MILLION





# Thank you!

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