

## How to Deliver the Right Care, Support Physicians, and Further Strategic Objectives During the Covid-19 Crisis

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### **1. Help us understand how unique this relief is in a historical context. What has changed on the ground today from the perspective of a hospital or medical group? What does this mean for my organization?**

This relief package is unprecedented and absolutely an “all-hands-on-deck” approach from the federal government and regulatory agencies. The fact that CMS issued blanket Stark waivers and the Federal Trade Commission (FTC) and U.S. Department of Justice (DOJ) are supporting collaboration with respect to Covid-19 indicates their strong support for using collaborative efforts to combat the pandemic. Health systems should feel confident in their opportunity to develop seamless networks and other care models that ultimately will drive better quality, less costly, patient-centered care. Although many health care systems were already collaborating within their market within the parameters allowable, the blanket waivers today give us the unprecedented ability to further integrate relationships between and among hospitals, doctors and other health care providers. CMS, the FTC and the DOJ are recognizing that this crisis requires collaboration; and COPE Health Solutions and HMBR are supporting their clients in navigating through this process.

### **2. We’re an AMC, how can we specifically collaborate with small practice and independent physicians?**

AMCs should not hesitate. Hospitals up until now have been enculturated to not provide any assistance to doctors they don’t employ – but you can now because of this crisis. The way we see it, AMCs have the opportunity and responsibility to take action now to assist physicians, and thereby preserve patient access and sustain the physicians in their community. This includes financial support for physician practices in a variety of ways, including: compensation, supplies, coverage, services, telehealth etc. With the new temporary Stark waivers this can happen now; albeit, with the continued drive to create a clinically integrated delivery network.

The next step is to work with professionals to target key physician practices, to identify those you want to include in broadening your network. Using the legal parameters available along with the waivers now available, you will need to develop the methodology to incentivize and remunerate the physicians recruited to be a part of this network. It is important to note that this process must engage physicians around quality and efficiency efforts as well as combatting Covid-19.

This is a call to action and AMCs are in a strong position to leverage themselves and at the same time support the independent and small group practice physicians. This tactic will result in long-term stability. If you’ve ever thought about pursuing this type of collaboration, now is the time.

### **3. Prior to the pandemic, hospitals were cutting beds and trying to move from hospital to home quickly. It goes without saying this has flipped. Particularly in the hard hit areas, there’s a sprint to increase beds. Are people going to have muscle memory for this in the long run? From a hospital perspective, how do I make this financially viable if I think my community will need stockpiled beds? What do I have to do to meet community needs and make it sustainable?**

First and foremost, we must begin with identifying the lessons learned from this crisis related to capability of our organizations and the capacity to manage large numbers of acutely ill patients. Begin with revising your internal epidemic and pandemic surge plans to include areas within the hospital that can accommodate ICU type patients other than your regularly licensed ICU beds. The basic issue is that hospitals cannot have unfilled beds waiting for a crisis, primarily because it is unaffordable. Therefore, we must look at the community resources available for rapid repurposing of appropriate space for use as a hospital, similar to the Javits Center in New York City. This type of community partnership calls for ongoing collaboration and planning among hospitals, physicians, long-term acute care, nursing homes, behavioral health, public health agencies and other relevant care providers. Today, we have a chance to be innovative and implement solutions that have lasting implications.