

Mitigate the Financial Impact of Covid-19 by Reducing Out-of-Network Leakage

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1. What innovation during this time have you felt has made the biggest difference in reducing network leakage?

Using the home as a part of the network is vital, especially during Covid-19. For so long, we have limited network. Home can be a hub of care and healing. This has been a major transformational though to expand access and care of network. We need to build upon this going forward. For Mount Sinai, Community Paramedicine is a huge example of bringing longitudinal care at home.

2. How prevalent do you find is institutional risk? How relevant is network leakage? How do those two issues play off each other?

Bansal: We are on a fee-for-service infrastructure. Assuming, the utilization is necessary, we would rather pay ourselves. The partnership with payers is critical. The benefit design does not necessarily promote in-network usage. The benefit design needs to be designed in order for us to be successful.

Beaman: In California, it has been prevalent for several years. Sixty percent or more of our income has some type of risk associated with it. I would suggest even if you don't have a capitated contract, most contracts are assuming network integrity and quality of care and it is important to focus on.

Scesney: On the east coast, you have to find a partner plan that can manage risk as well. You need to be able to take full risk on a population. We found over the years that not every plan can do it. Even if they can do it, you can potentially expose yourself to losses due to poorly managed relationships.

3. Do you have suggestions for non-for profit and/or government hospital and clinics?

Managing volume and patient flow and implementing value-based arrangements will be vital for non-profits and government hospitals. Additionally, balancing capacity by utilizing combined data platforms of financial, contractual and clinical will provide identification of opportunities for hospitals, clinics and providers. From the standpoint of clinics, it is preferred to enter a clinically integrated network. If they are already part of a network, it is important to keep organizations together for sustainability.

4. How important is the role of virtual outreach and marketing for new patients in Generations Z or X, which are the largest block of people who are entering the health care system for the first time without their parents? They have the autonomy to choose which facility they want to go to. Their purchasing experience is nontraditional. They have preferences with times predominantly not during morning or the front desk. For these individuals, the focus is on easy access and speed. They can care less about talking to people.

Outreach and native online presence will be a critical factor to maintain. While the opportunities are virtually endless, it is extremely vital to implement efficient virtual care. Providing quality and well-informed care is of importance to younger generations. Using data and analytics is important to understanding where populations are heading with their needs across geographies.

