The New Normal:
A Clinic Recovery Guide

Reopening Medical Groups Post-COVID-19

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Gallagher

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"We have to embrace the fact that the way we practice medicine has fundamentally changed."

Jean Kutner, MD, MPH, Professor of Medicine, University of Colorado School of Medicine, Aurora; President-Elect, Society of General Internal Medicine

This guide has been developed and distributed through collaboration with executives and board members of the American Association for Physician Leadership®. The association is the world's premier organization for all aspects of physician leadership and interdisciplinary collaboration in every sector of healthcare.

Nearly half of 2,600 primary care physicians who responded to an April 17 national survey said they were struggling to keep their practices open during the crisis. Most have had to limit wellness/chronic disease-management visits, and nearly half reported that physicians or staff were out sick. Layoffs, furloughs and reduced hours are commonplace; some practices were forced to shut down entirely.

SURVEY RESULTS

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"In this unprecedented new reality, we will witness a dramatic restructuring of the economic and social order in which business and society traditionally have operated. In the near future, we will see the beginning of discussion about the next normal and how sharply its contours will diverge from those that previously shaped our lives."[1]

PREFACE

The New Normal in Medical Practices: Will We Ever Be the Same Again?

Peter B. Angood, MD, FRCS(C), FACS, MCCM, FAAPL (Hon)
Chief Executive Officer and President, American Association for Physician Leadership

COVID-19 has presented medical groups with a host of unprecedented challenges and opportunities. As the world adapts to a new and evolving sense of normal, leaders must respond thoughtfully to immediate organizational and employee needs, while keeping an eye on goals and strategy. This guide is designed to encourage and support physician leaders to embrace zero-based planning to prepare for the reopening of their practices and delivery sites. Plan to do this as if you were starting your practice from scratch.

Today, patients have more choice in how they spend their healthcare dollars and receive non-emergency care. A flu shot is more likely to be provided at a Target or Walgreens than in an office, and a back-to-school sports physical may be performed at an urgent care clinic. Post-COVID-19, we expect shifts to expand in how and where services are provided.

Some successful practices have extended their hours or expanded their offerings to keep pace. They offer walk-in clinics or after-hours appointments so patients don't need to miss work or school. They offer lab services on-premises so patients don't need to schedule a follow-up appointment, or they offer a range of specialties to properly coordinate care.

How will your team consider these elements of the new normal as you begin to move your practice to new levels of patient care, financial solvency and organizational wellbeing? Concurrently, how will you address the fear that your staff may have related to returning to work and the fear patients may have visiting a healthcare facility?

These and other questions are part of the challenge as we work to navigate our new landscape. We hope this document can serve as a guide on that journey.

[1]McKinsey, Beyond coronavirus: The path to the next normal, Kevin Sneader and Shubham Singhal, March 2020

INTRODUCTION

This guide is developed by Gallagher in collaboration with the American Association for Physician Leadership, and with insights shared from respected medical group leaders and Gallagher team members. See appendix on page 20 for a list of participants.

The guide is written largely in checklist format to facilitate easy reference. Consider the material as a catalyst for strategic planning, using the 10 spheres referred to as "The Ten Re's" in recovery planning.

1	**REVISIT** your group's strategic mission, vision and culture.
2	**REEXAMINE** the use of patient record systems and demographic profiles needed for sound medical group program planning, billing, and care management.
3	**REINVIGORATE** provider composition, recruitment and onboarding, as well as enhanced relationships for referrals from and to other care providers.
4	**RE-ENVISION** and remap the care management models, pathways and protocols.
5	**RENEW** practice growth plans in marketing and image positioning.
6	**REESTABLISH** staff planning, HR systems, onboarding and talent management post-furlough.
7	**RENEGOTIATE** and reestablish payer relationships and contract vitality.
8	**REKINDLE** relationships with hospital medical staff and leadership teams.
9	**REMODEL** care facility and technology arrangements.
10	**REBUILD** supply chain agreements and relationships (banking, auditor, legal, supplies and medicines).

For more information, visit GallagherHRCC.com/contact or call 800.822.8481.

This guide offers a number of questions that you can use in your scenario. Consider this information as a supplement to rather than a replacement for guidance from local legal, tax and accounting advisers, or from federal, state or local officials.

OPPORTUNITY FOR STRATEGIC RETHINKING AND PRACTICE REPLANNING

The COVID-19 crisis spawned by the global outbreak of the novel coronavirus has disrupted and, in some cases, crippled the service quality and financial wellbeing of small and large medical groups across the U.S. Trusting that physician practices and groups will need to hit the ground running on the other side of this crisis, Gallagher has developed regional working groups on a series of practical clinic recovery plans.

Working in consultation with its medical group and health system clients, Gallagher advisers are developing guides and materials designed to accelerate and strengthen the recovery, return, and reopening of medical groups and their clinical practices. Groups may rise to even higher levels of performance and pride than before the COVID-19 crisis.

The shelter-in-place policies in most states, and the related loss of revenues from the reduction of ambulatory and elective patient care activity, have discouraged, disrupted or decimated the vitality of some groups. This is the case whether practices are independent or aligned with a health system, whether large or small, whether single specialty or multi-specialty.

As a result, many clinics are experiencing strain on patient services and staffing capacity, as well as erosion of ability to deliver ambulatory care services. Some staff and patient families may have died or experienced protracted illness that constrains their ability to participate in the reopening of the economy.

To help medical groups refine the effectiveness of their recovery planning efforts and to accelerate performance post-COVID-19, we offer this planning framework based on the input of respected medical group clinical and administrative leaders.

The draft framework addresses three possible scenarios that could face physician groups as they struggle to reopen post-pandemic.

1. **SCENARIO ONE: DEATH STAR.** Clinic/practice completely closed for more than two months with significant loss of patient service volumes, income, payer relations, patient experience, staff morale and engagement, and reduced number of physician partners.
2. **SCENARIO TWO: BOWED BUT NOT BROKEN.** Modest erosion in the above key performance metrics.
3. **SCENARIO THREE: FRUSTRATED AND FURLOUGHED.** The clinic/group partially closed for two months with very little erosion of patient volumes, income, payer relations, patient experience, staff morale and engagement, and no loss of physician partners.

An additional frustrating scenario might see the clinic partially opening for a week, and then closing under a resurgence of the virus.

- How would your group align to one of these scenarios, and how might your leadership team and staff address impacts on the following?
  - » Patient service outcomes, experiences and marketing
  - » Investments in the capacity for service, program and facilities
  - » Morale and engagement of clinicians and staff
  - » Practice finances related to working capital, billing, and collection policies and procedures
  - » Interactions with the broader ecosystem of stakeholder relationships, such as with payers, hospitals and referral sources

ASSESSING READINESS FOR RECOVERY

Please do not rush to open your medical group and delivery sites without a deliberate and disciplined group planning process, and a practical map of who needs to do what, when, why and at what cost.

To assess your readiness to develop your custom recovery roadmap, consider these five questions.

On a five-point scale, where five is "you are so ready you can advise others how best to do this," and one is "your practice may never be able to open again," assess to what degree:

1. **Have your physician leaders acknowledged that the COVID-19 crisis will linger, and disrupt your practice's mission of patient care, professional pride and economic vitality?**
2. **Have you carefully documented the extent to which your patient volumes and related revenues are impacted by your state's shelter-at-home guidelines?**
3. **Are your employees ready and willing to help you assess your practice, and share in the work to build and follow your recovery roadmap?**
4. **Have you assembled and examined the most recent COVID-19 recovery guidance from your professional societies, the Medical Group Management Association (MGMA) and American Medical Group Association (AMGA)? See links at the end of this guide.**
5. **Are your external medical group advisers ready to join you in the recovery planning process within the next few weeks? Consider especially representatives from your trusted advisers for legal, banking, accounting, quality of care, risk management and insurance, human resources, and talent development.**

If your candid review suggests a healthy skepticism and sense of caution, you are ready to begin using the ideas and questions in this guide.

"Not only are physicians putting themselves in harm's way to follow their calling and treat their patients, but the businesses they run are going to have to make sweeping and drastic changes to preserve their revenue and protect their future."

Mike Hennessy, Senior Chairman and Founder of MJH Life Sciences, *Medical Economics* April 2020

THE RECOVERY PROCESS (10 SPHERES OF INTEREST)

Our work with leading clinic and medical group physician and administrative leaders suggests medical groups should engage in structured discussions to develop a clinic recovery road map with a recovery strategy team. The team may consist of diverse players including physician and administrative leaders; HR managers; front-line staff and advanced practice providers; two or three patients; and a representative from your external accounting, banking and legal partners.

Once your team has developed responses to the issues identified in the following spheres of concern, seek further reaction from respected referral physicians, hospital leaders and key commercial payer staff before implementing your action plans.

1 Revisit your group's strategic mission, vision and culture.

Use this frustrating and painful crisis to step back from the COVID-19 dilemma. Reflect as a group on the scope and nature of your practice strengths, weaknesses, opportunities and threats (SWOT analysis). Examine your group's mission, service and employment culture, key market differentiators, and clinical care model.[2] Use this reaffirmed mission as the lens through which you review and refine your medical group's clinic recovery plan.

KEY ISSUES TO ADDRESS

- How can we best engage our physicians, staff, and selected patients in a re-examination of our plans and performance? Can we develop more effective strategic business and marketing plans for future vitality?
- What is our strategy to communicate our mission, vision, plans and performance metrics more effectively to our patients, other providers and the public?
- How can we develop a more effective organizational and employee wellbeing plan?
- What is the most cost-effective way to assess and link our business plans to our internal culture to build engagement and trust?
- How can we develop employee and physician compacts to capture our culture of mutual respect and support in pursuit of the group's mission and vision?[3]
- How should we redesign the governance model to ensure broader and more resilient decision-making throughout the recovery process, which may take 24 to 36 months?
- How prepared is our leadership team to provide information, recommendations, and praise frequently in order to alleviate stress, generate confidence, and maintain employee focus on the organization's mission and values?

[2] Cleveland Clinic "Models of Care"

[3] Creating a Physician Compact That Drives Group Success

"Remember: Being open does not mean you will be as busy initially as you were before."

Brian Ramos, COO Capital Anesthesia Partners, April 2020 MGMA

2 Reexamine the use of patient record systems and demographic profiles needed for sound medical group program planning, billing and clinical care management.

The disruptions of the COVID-19 crisis should stimulate your medical group to revisit an in-depth understanding of the demographics of your patient population. Explore the degree to which your electronic medical records (EMR) systems can enable and empower your planning for, and response to, the profile of disease and care requirements of your patients. You will enhance your patient-centered culture only if you apply disciplined and creative strategies to engage with your patients, their families and employers.

KEY ISSUES TO ADDRESS

- How can we best develop a directory/registry of all patients and their families who may have been infected with COVID-19?
- How can we develop a custom, active care management plan for each of the vulnerable as well as non-vulnerable patient populations?
- Consider forming a patient advisory council to meet with you quarterly for the next year as a resource to shape and monitor your new normal care management plans.
- How should you target intervention and telehealth programming for vulnerable elderly populations, and those with comorbidities across all socioeconomic and ethnic segments?
- How should you establish weekly coordination calls with local and state public health offices dealing with the COVID-19 response? How can you ensure your capacity to pivot to expanded care or return to shelter at home if a second round of COVID-19 materializes? Can you establish contact tracing and follow-up?[4]
- Should you consider other IT investments for enhanced telephone triage, patient follow-up systems and systems for e-consult?
- How are you reporting patient service and quality metrics to local and state quality of care and public health agencies?
- How can you optimize electronic platforms for billing and paperwork to allow for contactless transactions between patients and staff?
- Is your EHR current with new codes and billing updates based on COVID-19 rules?

[4] Internal COVID-19 Contact Tracer Position a Necessity for Medical Practices

3 Reinvigorate provider composition, recruitment and onboarding, as well as enhanced relationships for referrals from and to other care providers.

The medical group's complement of physicians, advanced practice providers, nurses, and allied health professionals is the heart of your care and economic engine following the COVID-19 crisis. Use this period to prepare for your full opening by organizing facilitated group planning about the number and types of providers you need for each quarter in the coming five years.

Beyond the numbers, you will find that the attitudes, mental health, skills and sense of teamwork among your providers will drive the success of your post-COVID-19 recovery. You must address your plans for onboarding and reorientation of providers to your plans, culture and model of care. Invite other providers—those to whom you refer and those from whom you receive referrals—outside your group to help you assess and enhance your provider effectiveness and vitality.

KEY ISSUES TO ADDRESS

- Develop scenario-based forecasts of the numbers of physicians and staff needed for various patient volumes over the next five to seven years.
- Evaluate and renegotiate supplier agreements related to the scope and approach for staff recruitment and onboarding.
- Evaluate provider compensation.
  - » How will you address those on a productivity-based compensation model?
  - » How will you handle at-risk shareholders?
- How will you manage early retirement discussions?
- How will you handle buyouts or termination with or without cause? Check your bylaws and contracts.[5]
- How will you best improve and safeguard the mental health of providers as they are experiencing these difficult work-related challenges and decisions?
- Consider how to create and maintain a culture where providers and staff feel supported, protected and appreciated. Can you provide adequate support services, PPE and psychologic first-aid outlets?

[5] MGMA and Brian Ramos

4 Re-envision and remap the care management models, pathways and protocols.

The vitality of any medical group is a function of the smooth movement of patients along their continuums of care, guided by transparent and well-designed clinical care processes and protocols. Engage your staff and local quality of care institutes, medical societies and academic medical center faculty. Be prepared to refine and republish your practice standards for care and service for your staff, patients and payers. Discuss how you will expand your efforts to deliver superior outcomes as your new normal.

KEY ISSUES TO ADDRESS

- How should the group quickly and professionally map out the patient experience from home to office to hospital or skilled nursing facility, and back home again for each of our main patient populations?[6]
- How should we best rely on our professional societies for guidance on returning to elective procedures and patient relationships?[7]
- How will we ensure our practice's state and locality meet gating criteria for proceeding to first stage of phased reopening?
  - » Consider a phased opening (e.g., half normal capacity at first) based on patient demand, staffing and supplies.
  - » Determine the services we will be able to perform safely within the clinic, as well as those we will handle via telehealth (where applicable).
  - » Determine necessity of care based on clinical needs.[8]
- How can we best revisit, refine and republish (in printed publication and on the Internet) our care management processes and protocols for each of the patient segments of our practice?
- How will we monitor staff and patient social distancing and mask practices to mitigate infection risk? How will we optimize patient and staff confidence that we are doing all we can for their safety and wellbeing?
- How and where will we screen patients and staff in all of our delivery sites?
- Are we prepared to adapt to alternative standards for delivery of care such as fast-track appointments where patients call upon arrival, wait in cars, and then follow an organized entry into the facility?
- What is our plan to limit exposure from patients seeking testing?
- How will we conduct patient follow-up and, if necessary, contact tracing on patients who develop symptoms in the weeks **after** we have provided in-office or in-hospital care to them?

[6] US at Mayo Clinic Map | Evariant Map | Chile Map

[7] The American College of Surgeons (ACS) has released recommendations to guide healthcare providers when they resume elective surgery that has been put on hold during the coronavirus pandemic.

[8] MGMA COVID-19 Medical Practice Reopening Checklist

5 Renew practice growth plans in marketing and image positioning.

Shelter-at-home shutdowns have crippled practice volumes in all states. While practices will benefit initially from pent-up demand for medical care as restrictions are lifted, prepare intentionally to earn the volumes you need for practice vitality and economic strength. Use written marketing campaigns to include social media and advertising plans and investments to accelerate your group's service volumes and payer mix profiles.

KEY ISSUES TO ADDRESS

- How could we organize a task force of staff and patients to assess all past practice marketing, brand awareness, and patient experience measures to define what strategies to keep and what to change to regrow our patient volumes?
- How can we best determine current levels of staff pride and willingness to promote our services?
- How do we build a cultural component to onboarding that helps build engagement?
- How should we best talk with our patients and their families about our performance and plans to provide superior patient services and outcomes after COVID-19?[9]
- Have we identified our most vulnerable patients? Do we have a strategy for communicating with them proactively?
- How will we produce and share enhanced educational information for patients about the clinic's recovery?
- Do we have the capacity to assist and connect with other healthcare institutions in the community? How can we use these engagements to gain visibility and improve image positioning?
- How can we secure pro bono or reduced fee support to develop an updated marketing and brand awareness plan for our group and various delivery sites to include the following?
  - » Updated website and social media messaging
  - » Expanded proactive telemedicine calls to targeted patient populations
  - » Joint public messaging on health protection and promotion initiatives with other clinics, health plans, health systems, local school systems or sports teams
  - » Direct-to-employer contracting for medical services
  - » New clinic signage
  - » Enhanced patient reception and registration processes adapted from hotels, banks and health clubs

[9] Communicating in a crisis: how are internal communicators responding to the COVID-19 pandemic?

"Boosting staff morale is key to maintaining focus on patient care and getting everyone to work toward keeping the practice open."

Todd Shryock, Managing Editor, *Medical Economics*, April 2020

6 Reestablish staff planning, HR systems, onboarding and talent management post-furlough.

The heart of a clinic's service quality and cost-effectiveness depends on the numbers, competencies, teamwork, and attitudes of employed staff, advanced practice provider (APP) colleagues and other physicians. The COVID-19 disruption has strained employee morale, mental health and employee financial wellbeing, and created lingering anxiety about possible new roles and responsibilities. Your onboarding process, sincerity of talent management programming, value of updated compensation plans and overall return-to-work imperatives will make or break the success of the practice's return to some semblance of normalcy. (See Gallagher return-to-work resources here.)

KEY ISSUES TO ADDRESS

- How many clinicians and support staff will we need to support an estimated surge in demand?
- How can we develop a good understanding of current levels of resiliency, engagement, and potential burnout with our current physicians and staff?
- How can we focus an oversupply of staff to accomplish special projects (such as a new patient navigator program, a new school health clinic or a revised EMR update) as we wait for patient volumes to rebuild?
- How can we invest in staff and provider training regarding such varied care processes as infection control and triage, new telehealth services, expanded e-consults, and in-home care provision/follow-up?
- Have we reviewed the process and records used for staff furloughs or terminations to ensure appropriateness and mitigate legal exposure?
- Have we prepared for office and clinical staff illness, absences, and/or quarantine?
  - » Develop guidance to monitor staff for signs of illness (including self-reporting, self-quarantine and start/end of shift evaluation).
  - » Create a mechanism for reporting both illness and absenteeism.
  - » Develop a return-to-work post-illness policy for healthcare workers, consistent across delivery sites.
  - » Plan for staff access to medical care for themselves and their families, determine whether illness will be handled as workers' compensation or personal insurance depending on situation/criteria, and share best practices.[10]
- How can we make sure our physicians and staff have the resources to protect and enhance their own wellbeing, and reduce the potential for burnout?
- How could we implement staff- and supply-sharing agreements with local hospitals, SNFs and primary care providers to support our group's capacity, quality and operations?
- How might we develop options to recruit volunteers or retirees to manage temporary surge or new patient experience processes?
- What kinds of employee assistance programs and emotional support have we planned for staff, physicians, and patients to mitigate burnout and post-traumatic stress disorder (PTSD)?

[10] MGMA Checklist

"The COVID-19 pandemic exposed the shortcomings of fee-for-service reimbursement. Now more than ever, we need value-based funding models to promote right care, right time and right place"

John Kunzer, M.D., President, Community Physician Network, Indianapolis

6 Reestablish staff planning, HR systems, onboarding and talent management post-furlough

KEY ISSUES TO ADDRESS (CONT.)

- How can we gain a quick read on employee and physician engagement as individuals gradually returning to the practice/duties and operations? Can we establish early quantifiable markers of burnout and resilience?
- How might we seek physician mentoring and coaching to develop our positive leadership capabilities?
- How can we establish enhanced employee and physician engagement programming and feedback systems for the continuous improvement of our care processes and outcomes?
- How are we alerting our employees to changes in policies and procedures in real time?
- How shall we reevaluate and enhance the competitiveness and appropriateness of all of our employee and physician base pay and benefits compensation programming?
- How should we update our physician and manager succession planning initiatives for the future continuity of the group/clinic?
- How can we educate staff on how to advise patients about changes in office procedures (e.g., calling prior to arrival if the patient has any signs of a respiratory infection and taking appropriate preventive actions), and develop family management plans if they are exposed to COVID-19?[11]

7 Renegotiate and reestablish banker and payer relationships for financial vitality.

Practice recovery requires cash generated from patient care services through reestablished payer contracts that maximize fees and speed of payment. Payers have accumulated substantial cash balances from reduced medical spend due to the reduction of elective diagnostic procedures and surgeries. Seek advance payments and enhanced payment terms from commercial payers that parallel new Medicare advance payment programming.

Without carefully defined policies and collection practices for patient copayments and deductibles, tensions may develop between accounting staff, patients and payers that can disrupt practice stability. Clinics must also revisit the basics of cash flow and accounts receivable management.

KEY ISSUES TO ADDRESS

- How should we immediately work with accounting, tax, legal, banking and broker advisers to audit all expenses, cash flow needs and risk mitigation strategies resulting from the COVID-19 crisis?[12]
- How can we refine working capital relationships with bankers, government agencies[13] and payers to ensure cash flow throughout a 24-month recovery process?
- How should we establish clear and fair billing and collection policies for patients who may be unemployed and lack health insurance?
- How can front office and finance staff enhance training and tools to do their work and feel proud of their clinic?

[11] MGMA Checklist To Prepare Physician Offices For COVID-19
[12] Gallagher CORE360 | Gallagher Better Works
[13] How to Calculate PPP Loan Amounts

7 Renegotiate and reestablish banker and payer relationships for financial vitality.

KEY ISSUES TO ADDRESS (CONT.)

- How can we manage payback deferments (know the terms of the agreement and negotiate as needed), such as the following?
  - » Rent
  - » Utilities
  - » Vendors
  - » CMS or other payer advances
  - » Tapped lines of credit[14]
- Review SBA 7(a) PPP loan (unforgivable portion).
  - » Percentage and terms while building financial forecast
  - » Reporting requirements and deadlines for federal funds
- Resume collections activity.
  - » Review processes on write-offs due to shifting payer mix/patients who are unemployed/uninsured
- Determine how you will accept patient payments in terms of amount (e.g., payment plans) and method (in-person versus online/portal).
- Share volume forecasts and staffing with ancillary practices/divisions so they are aware and can ramp up accordingly.
- Calculate/forecast a revised budget.
  - » Anticipated volume
  - » Historical collection ratios
  - » Payback of deferments owed
- Review prior pro forma based on pre-COVID-19 assumptions.
  - » Adjust based on newly projected ramp-up volumes
  - » Adjust practice expenses because it will take time to bring in revenue
  - » Determine phased opening of various locations, if applicable

[14] MGMA and Brian Ramos

"Business leaders would love a return to normal and be in a position to help their people feel well, engaged and productive. But it may take months for people to simply feel safe and secure."

Darren White, Aduro Life CEO
May 05, 2020[15]

8 Rekindle relationships with hospital medical staff and leadership teams.

Both primary care and specialty practices will benefit from reinvigorating their relationships with the medical staff and executive teams of local hospitals and health systems. Closer alignment with these larger organizations can strengthen your practice's access to loans, staff education, PPE supplies, patient support and collaboration for population health initiatives. Reconnecting with medical staff programs and groups will help identify new ways to strengthen your practice volumes and quality, as well as help ensure referrals to your physicians and better care for your patients.

KEY ISSUES TO ADDRESS

- How can we best develop a strategic alliance agreement with other clinics, health systems, and/or health plans to secure support for staff onboarding and training?
- How can we secure support for expanded and enhanced patient marketing and social media programs?
- How will we work with other clinics and hospitals to handle shortages of medical supplies and PPE as we respond to new patient care volumes from pent-up demand?

9 Remodel care facility and technology arrangements.

Use the COVID-19 crisis as an opportunity to reframe the flow of patients, hours of operation and service offerings. Further, there may be implications on the design, equipment, cleaning and maintenance of your service delivery sites. Related concerns may surface regarding space and technologies for parking, appointment and reception systems, as well as reliance on new staffing such as for patient care screening, reception, financial arrangements, and patient care management and navigation.

KEY ISSUES TO ADDRESS

- How can we secure pro bono assessments of our delivery sites, parking, facility design, services delivery and maintenance capacities, and equipment calibration and preventive maintenance technologies from local facility design and engineering firms, and/or local hospitals?
- How prepared are we to follow CDC and state department of health facility sanitization protocols?
- Is our entire staff trained on how to properly dispose of waste materials associated with COVID-19 patients?
- Where and how quickly can we create dedicated triage areas that minimize the risk of further infection?
- How have we developed care management and office re-closing procedures if there are indications of a second surge in COVID-19 cases in our area?
- Do we have a good system for the procurement, storage and use of test kits?

[15] Aduro® Releases Definitive Model and Guide to Help People Safely Return to Work

"...health systems may find that the aftermath of the current crisis will be more challenging than the initial surge itself." [16]

10 **Rebuild supply chain agreements and relationships (banking, auditor, attorney, insurance broker, suppliers and medicines).**

Mapping your stable and successful recovery in the uncharted landscape of COVID-19 requires as much practical advice as possible from local business advisers. The following issues can best be addressed in group meetings where all advisers can exchange insights and ideas to support the rebuilding of your practice efficiency and operational vitality with better services under more favorable terms.

KEY ISSUES TO ADDRESS

- How have each of our suppliers served our needs in the crisis, and who might best support us in the recovery stage of our COVID-19 experience?
- How can we negotiate more flexible delivery and payment terms for each of our medical suppliers, pharmaceutical, insurance and professional services consulting providers?

MONITORING AND REFINING THE RECOVERY

As with any organizational process, leaders must define the ongoing measures to monitor the success of the recovery process and to make revisions where needed.

Measures should include at least the following categories.

- Patient volume and volume of services provided
- Financial performance
- Staff performance, including absences or mental health issues
- Patient feedback regarding practice performance, safety and quality

Suggested metrics include the following.

- Number of patient encounters for the practice as a whole and for each provider, including both face-to-face encounters and telehealth (virtual) encounters
- Procedures performed by each provider, particularly for procedure-based specialties
- Billings by each provider, including both RVU counts and dollars billed
- Collections on behalf of each provider
- Age of accounts receivable by provider and by payer
- Staff absences and staff performance
- Results of patient satisfaction surveys
- Post-visit or post-procedure follow-up calls or surveys to identify any patient who develops symptoms of COVID-19 infection within two to three weeks, including contact tracing results for any patient identified through the follow-up process[16]
- Patient and staff compliance with safety measures, such as face masks and social distancing

Your recovery strategy team will want to review all metrics initially at least monthly and, based on the data, make needed changes to improve your performance. As your group's performance stabilizes, you can reduce the frequency of such reviews to quarterly.

[16] Chartis

PREPARING FOR THE NEXT DISRUPTIVE CRISIS

The COVID-19 crisis has exposed serious gaps in our nation's pandemic preparedness, and in many of our client health systems and medical groups. COVID-19 will not be the last public health emergency to threaten our communities, patients, staff wellbeing and clinic financial vitality. Medical group leaders must arrange strategic planning conversations now with other clinics, health systems and our professional societies to anticipate and prepare for future health threats.

Leaders must become more comfortable with the development of scenario-based action and investment plans for stronger health systems and better health outcomes. Physician leaders must step up to champion the scientific, public health, and medical infrastructure investments needed to prevent, detect, and respond to the next infectious disease threat.

Among the areas that require attention and lessons learned during the COVID-19 crisis include the following:

- Wherever possible, hospitals, medical groups, long-term care facilities and other healthcare organizations should work together on a communitywide basis to assure access to supplies and equipment that may be needed in the event of another similar pandemic.
- State, local and federal governments should work with healthcare organizations, health insurers and provider groups to develop consistent plans for early identification of threats, early intervention to control any infectious disease process and coordinated efforts to manage the public health impact of such an event.
- Practices must take steps in advance to rapidly and consistently make available the necessary financial resources to support key personnel, especially healthcare workers and their families.

CONCLUSION

Thank you for all you are doing for your patients, staff and communities. Perseverance, patience and professionalism must define your organization's approach to recover from the scourge of COVID-19.

This guide is neither perfect nor comprehensive; however, we at Gallagher offer it to stimulate healthy conversations among your leadership team about the path forward to engage your patients, employees, communities and payers.

Use this guide to optimize your group's self-sufficiency during this challenging time. Share it with your local advisers, and explore how you can move forward in reopening and revitalizing your practice.

With decades of experience in healthcare, we at Gallagher are ready to support your organization's total wellbeing to help your practice face the future with confidence.

For additional information, please visit GallagherHRCC.com or call 800.821.8481.

RESOURCES

Following are links to Gallagher, government, and practice association websites and guides:

Gallagher's Pandemic Resources page

Gallagher Return to Work Guide

MGMA Reopening Checklist

APPENDIX

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As states and other government authorities lift the restrictions imposed as a result of the COVID-19 pandemic, businesses are starting to prepare for reopening. The decision to reopen involves complex issues. We cannot advise you whether you should or should not reopen your business. If you decide to do so, we offer this information for your review and consideration. It includes high-level ideas that you may want to consider as you move through the process of opening your clinic or practice. This generalized information does not take into account all of the unique and specific issues that may be involved in opening your business. If you have questions about this information or your insurance coverages, please contact your Gallagher representative.

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