AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Musings on How the COVID-19 Pandemic Will Affect the Future of Healthcare

Princeton Conference

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14 September 2021

What have we learned about the US healthcare delivery system from the COVID-19 pandemic?

Challenge yourself to consider strengths as well as weaknesses.

In the News This Week

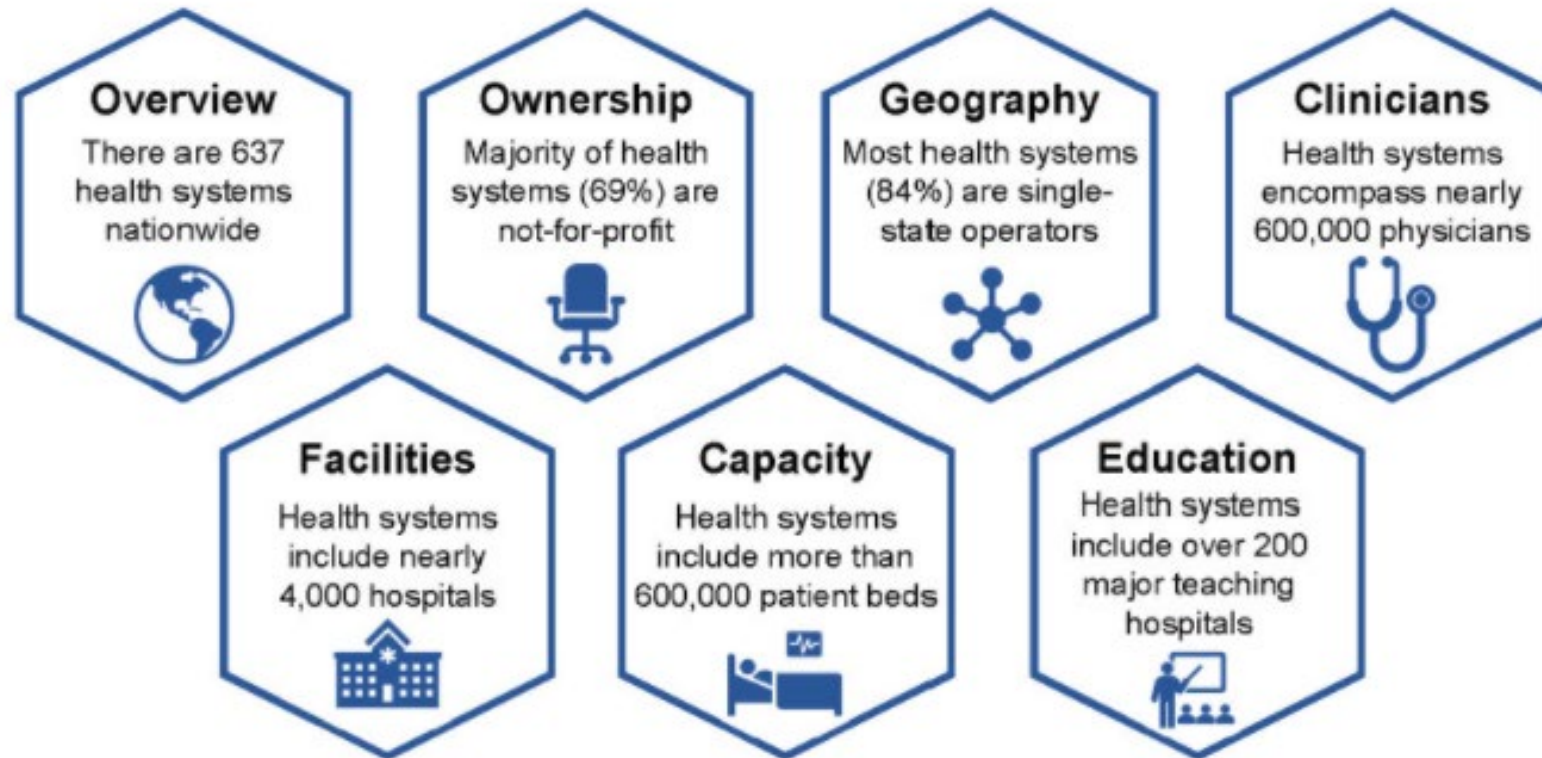Household Experiences In America During the Delta Variant Outbreak

- Almost 1 in 5 households reported someone in their household has been unable to get medical care for a serious problem in the past few months when they needed it
- More than 3 of 4 of those unable to get care reported negative health consequences as a result.

https://www.rwjf.org/en/library/research/2021/10/household-experiences-in-america-during-the-delta-variant-outbreak.html. Accessed 10-14-21

Pre-Pandemic: Past as Prologue

- Complexity of patient care is increasing
- Healthcare is going digital
- Healthcare financing is shifting towards value based design
- Healthcare systems are growing in size and complexity with increased vertical integration and horizontal expansion
- Growing recognition of clinician burnout
- Public health is fragmented, understaffed, and underresourced

Snapshot of US Healthcare Systems

Overview
There are 637 health systems nationwide

Ownership
Majority of health systems (69%) are not-for-profit

Geography
Most health systems (84%) are single-state operators

Clinicians
Health systems encompass nearly 600,000 physicians

Facilities
Health systems include nearly 4,000 hospitals

Capacity
Health systems include more than 600,000 patient beds

Education
Health systems include over 200 major teaching hospitals

FIGURE 1 | Landscape of U.S. Health System
SOURCE: Figure includes data from Compendium of U.S. Health Systems, 2018. Content last reviewed March 2021. Agency for Healthcare Research and Quality, Rockville, MD. Available at: https://www.ahrq.gov/chsp/data-resources/compendium-2018.html

https://nam.edu/care-systems-covid-19-impact-assessment-lessons-learned-and-compelling-needs/

Healthcare System Response to the Pandemic

- Reconfiguration of service delivery
  - ► Hospital capacity
  - ► Telehlealth
  - ► *Musing: Systems with higher pre-paid revenue streams were faster and better able to reorganize care delivery.*

Healthcare System Response to the Pandemic

- Reconfiguration of service delivery

- Financial disruptions
  - ► Initial immediate loss of revenue due to reduced fee for service volume (in-patient and ambulatory)
  - ► Supply chain disruption: PPE, ventilators, oxygen
  - ► Substantial federal financial support (Provider Relief Fund; telehealth payments)
    - − Musing: Did the financial rescue work better for larger, more well-resourced systems?
  - ► Longer term challenge with staffing shortages

Healthcare System Response to the Pandemic

- Reconfiguration of service delivery

- Financial disruption

- Limited adoption of public health functions
  - ▶ Develop and deploy COVID-19 testing — internal and for communities
  - ▶ Contact tracing
  - ▶ Vaccination efforts — staff and community
  - ▶ Developed and/or expanded linkages with community social service agencies

Expanded View

- ## Long Term Care
  - ▶ Response (and lack of response) flowed from existing situation and challenges
    - − Integration with clinical care systems and public health systems
    - − Data systems
    - − Quality and safety infrastructure
    - − Staff levels and training

- ## Primary Care
  - ▶ Overall, a missed opportunity for improved response
    - − Resources initially diverted away from primary care to support acute care
    - − Heroic efforts to reconfigure care delivery despite initial revenue losses
    - − Bright spot: CMS-supported Maryland Primary Care Program (MDPCP)
      - https://www.milbank.org/publications/improving-covid-19-outcomes-for-medicare-beneficiaries-a-public-health-supported-advanced-primary-care-paradigm/

Building Back Better: Ideas for CMS

- Whole person, value based financing
  - ► *Musing: Value based purchasing may address policy makers' fears of supply driven demand for telehealth and other innovations*

- Incorporate meaningful measures of equity

- New models of financing for safety-net health systems
  - ► Federal, state, and commercial payers should create financing innovations to provide safety-net health systems (including rural) with stable and sufficient resources so that they can provide high-quality, patient-centered care to advance equity.

Building Back Better: Ideas for Health Systems

- Expand efforts on supply side data integration —
  - ▶ Internally within systems (linked with quality and safety measurement and improvement -- foundation for learning health system)
  - ▶ Externally with local, state, and federal partners

- Consider diversifying revenue streams to create financial resilience

- The question for health systems is not whether to continue integrating telehealth into care delivery, it is how to do so in ways that drive quality, safety, equity, and value.

  ► *Research, innovation and evaluation needed*

- Continue and expand attention to health professional well-being (For more, see: https://nam.edu/initiatives/clinician-resilience-and-well-being/)

Broader Lens Opportunities

- Primary Care:
  - ▶ Good starting place: NAM Consensus Report: [Implementing High-Quality Primary Care](#): Rebuilding the Foundation of Health Care

- Long Term Care:
  - ▶ It is time for a comprehensive national discussion on the future of long term care post pandemic

- Health Integration:
  - ▶ We must integrate clinical care, social services, and public health (including preparedness) systems

- Clear roles and lines of authority
- Focus on systemic health inequality
- Integrated data collection, sharing, and technology platform
- Sufficient, stable, more-flexible funding
- Expanded workforce with appropriate protection for political pressure
  - ► Musing: The spotlight on public health during the pandemic will entice many of today's high-school and college students to choose careers in public health Integrate public health, clinical care, and social service systems
- Establish community partnerships and invest in being seen as trustrworthy (a prerequisite for good communication)

https://nam.edu/public-health-covid-19-impact-assessment-lessons-learned-and-compelling-needs/