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COVID's Strain on Physician Collaboration and Communication: "Special Sauce Needed"

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New and growing relationships can be challenged in times of crisis such as the Covid-19 pandemic. Hospitals that work effectively and proactively to manage physician involvement and ensure continued communication will develop stronger programs as a result. These hospitals will continue to develop beyond the pandemic in a more cohesive, effective, and streamlined form.

In Corazon's experience, best-practice programs across the county tirelessly work to establish solid relationships with service line physician leaders and their respective physician staff partners. Medical director job descriptions are foundational in defining roles and accountabilities, but communication and shared experiences add the "special sauce" that flavors the effectiveness of the relationship.

Over the last decade, as physician relationships have moved to the forefront of healthcare as a program component that is essential to overall success, real gains have been made as strong and trusting bonds have developed between dyad and triad program leaders. In fact, many organizations have invested in providing additional leadership training for service line administrators and departmental medical directors, as they take on new roles and expand their scope while working together. Indeed, both collaboration and effective communication are essential as these trusted partners join forces as contributing members of high-functioning service line administrative teams.

Current Challenges

Volumes of admissions, surgeries, and procedures across all of cardiovascular services (and even other core business lines like neuroscience and orthopedics) at programs across the county have dramatically declined with the deferment of elective cases mandated over the last four months. This situation certainly has had a precipitous negative impact on hospital revenue, as these clinical and procedural groupings typically fuel the bottom line for many organizations.

The stoppage of elective cases has also had a significant negative impact on reimbursement for employed and private practice physicians. Organizations that employ a physician compliment must be in a position to closely evaluate the loss and what it means to the ongoing viability of the service line. Additionally, it would be helpful to predict the bounce-back positive impact and the pace of case ramp-up once the Covid crisis ameliorates.

While hospitals anxiously await the return to "normal" operations, it is not likely that this pendulum swing to the other direction will occur easily.

The decrease in physician billings and associated reimbursement can have an impact on the organization's ability to fund employed physician compensation plans. Corazon advises its client base to evaluate the anticipated compensation loss due to elective case stoppage. The existing compensation structure may be heavily based on work relative value unit (wRVU), and may include tiered bonus thresholds for additional wRVUs, and/ or incentives for achievement of quality metrics. First quarter advances on compensation may be partially affected by the case slow-down in March in some regions. Similarly, second quarter activity will be shown to drop off precipitously.

Physician contracts typically include language to address unforeseen circumstances that may decrease wRVUs (ie, an "act of God"). Corazon advises organizations to proactively engage legal counsel in the evaluation of contractual terms in order to gain full understanding of how interpretation of the contract language may influence any future adjustment to compensation pay-out. It is sage advice to consider that "things should be fair, but not always equal" when approaching the negotiation table. This mantra rings true as something to consider as compensation plans are evaluated, and payouts are distributed at an individual level.

In speaking to clients and completing research regarding current industry updates related to Covid-19, Corazon has found that many organizations have altered physician compensation during this crisis. Clearly, organizations have a right — and an obligation — to protect their financial viability as a whole, which includes payments to physicians who may not be working due to the elective case deferment and the trend of patients not seeking care for non-emergent needs during this time. Many practitioners point to their willingness to contribute in new ways, and re-deployment to the front line of care delivery has been common. Such a strategy should be considered as circumstances require, as long as regulations are being followed.

Additionally, organizations should think through the plight of both their employed AND private practice physicians. Most organizations will consider employed physicians as their first obligation, but should not underestimate the importance of the contributions of viable private practices as services begin to rebound.

Service line administrators should initiate direct communication with ALL physician stakeholders to assure a smoother return to a preCovid state, regardless of how quickly or slowly this takes place.

The when and how of the return to a post-pandemic scenario is uncertain, and of course varies by region and possibly even by hospital within a particular region. Some organizations in the hardest-hit areas may struggle for months or years to recoup, while others in minimally-affected areas may have had minimal disruption. While we anticipate that some aspects of care delivery are likely to never fully rebound, some changes that may remain in place into the future can be positive ones.

The foundation to any effective crisis communication plan is solid, consistent, and timely communication via whatever vehicles are necessary to accomplish the goal. As Corazon works with our national client base, many programs have been challenged to provide a "single source of truth" regarding clinical and operational status during the Covid crisis. The lack of information has forced practitioners to fill in the blanks, which typically causes confusion, and can subsequently lead to mis-information, uncertainty, and unrest. Also impacting the dynamic throughout the Covid experience is how many physicians have experienced a real loss of control over their schedule, income, and workload. Furthermore, their involvement in the relaunch of service-specific strategies has been inconsistent across many organizations, which is unfortunately typical in a time of crisis where different hospitals and specialties are impacted so differently.

Opportunities

Opportunities abound to write a new script that will guide service line development in the future. Programs and their physicians should use the downtime during elective case deferment to accomplish other meaningful and necessary work, which can include the following:

- Involve physicians in key administrative functions. Policies and procedures typically require an annual review, but certainly will need to be revised to include Covid-specific guidelines for infection control and other guidelines-based practice changes that will need completed before full operations resume.
- Engage physicians as "the face of the program." Their leadership in times of change and stress can be an important and stabilizing force for the community. Their perspective and involvement in internal communications, regional forums, news briefs, and government interactions can position them as thought leaders, and subsequently establish your program as a leader in the recovery effort locally, regionally, or even nationally.
- Work ahead to develop protocols for re-opening based on Centers for Medicare and Medicaid Services (CMS) Phase 1, 2, and 3 guidelines.1 The logistics across specific service lines will need to be fully planned across all essential functions. Likewise, the overall organizational plan must allow for service-specific plans to dovetail into a comprehensive hospital or health system plan that is mindful of overall organizational resources as new cases AND the backlog of cases are managed.

The above activities are not to be considered "busy work". Logs for the associated administrative hours should be kept, and submitted as demonstration of medical director responsibilities outlined in their job descriptions. This work will need to be completed, so taking the time now, when cardiologists or cardiovascular surgeons may have fewer patients to see is an appropriate use of time that can justify payments made in the absence of clinical case work.

The ongoing prep for continued elective case relaunch is fraught with uncertainty. Programs and physicians must be prepared to work in a gray zone, where conditions and even rules/regulations change regularly. A flexible approach to work, and to the associated work guidelines, will be necessary to match evolving national, regional, and local guidelines paired with local Covid case counts. Working in a gray zone can be quite stressful, and will require significant communication and leadership skills to effectively manage the transition to the new norm across the full care continuum. The following activities have been deemed important by several of Corazon's medical advisors, who are practicing physicians across cardiovascular and other specialties:

- Consider establishing teams of physicians using a week-on/week-off scheduling approach to decrease their exposure to a potential Covid-positive patient population. This approach can help prepare for and cope with a potential Covid surge, while allowing for a slow ramping-up of elective cases that have been backlogged.
- Establish a plan for extended evening and weekend service offerings to recover and manage the backlogged procedures and diagnostic testing. Corazon's advisors believe the organizations able to provide time-responsive choices for patients will be best positioned to recapture their patient base and potentially capture additional cases from competitors that are less prepared for this rebound. This approach will often require companion staff such as technician resources for nuclear stress testing.
- Support ongoing work to develop scripts for testing and triage of service-specific patients. The Corazon team always recommends that programs fine-tune the processes that are at the intake phase of care delivery. It will be essential to recovery that new intake processes are in place and regularly vetted to assure patient and staff safety. Also, these processes must be assessed to ensure there are no unnecessary roadblocks to patient entrance into the care delivery system, especially ones related to a lack of follow-up or inability to accommodate patient needs in a timely manner.

Clearly, changes to physician compensation need to be well-planned and executed with finesse. Corazon recommends the following items be considered prior to any changes to compensation during this time:

- Proactively negotiate quarterly payments using projected calculations based on the most recent full/normal monthly or quarterly wRVU and quality outcome statistics for base and incentive payment.
- Work collaboratively with physician leaders to evaluate a fair approach to changes to any compensation plans.
- Account for new reimbursement streams associated with telehealth. Telemedicine inpatient and outpatient activity could assist with accounting for wRVU and payment contributions.

Organizations should strive for open lines of communication for questions and concerns from the medical staff. Administrative leadership visibility in times of active crisis and through crisis recovery will no doubt lead to a stronger and more prepared organization in the future. It is OK for administrators to not have all the answers, but acknowledgement of physician concerns and then any work progress for a solution or decision should be communicated regularly.

Physician Recruitment Challenges & Opportunities

A significant number of organizations have kept up with the process of engaging new physician talent through recruitment efforts, and negotiating contract terms to secure the deal, which we find to be a sound strategy, despite diffused focus onto other Covid-related issues. These efforts often take a back seat when organizations are in a crisis management mode, but we believe that organizations that can keep a focus on talent acquisition efforts through this crisis time will be ahead of the curve as the healthcare industry emerges and works to achieve a "new normal" post-Covid.

For programs continuing recruitment efforts during the pandemic, Corazon has worked with our clients to develop new and innovative process to identify, screen, and present candidates while adhering to shelter-in-place and social distancing restrictions.

These new strategies include the following:

1. Replace phone screens with video interviews. Over the past three years, video interviews have been a bit more common, usually scheduled between multiple phone calls and an onsite visit. Corazon strongly suggests that video screens be used as an initial form of communication. The Corazon recruitment team finds that the visual effects associated with video chats seem to help establish a different, more personal relationship between candidate and client, resulting in increased communication when compared to voice-only phone screenings.
2. Keep the momentum going. If a candidate is well-received following the initial interview, schedule a comprehensive video call within one to two weeks, including a detailed itinerary involving members of the administrative team, medical staff leadership, and general staff. The sessions can be one-on-one or group discussions. Identify one location within the organization that is easily accessible, so the interview team can enter and exit based on their time allocation. In addition to maintaining momentum, another key benefit of utilizing video interviews is cost savings. Organizations will often extend offers to multiple individuals to interview onsite. The cost can be substantial, especially for individuals traveling from other geographic areas. Utilizing technology will save money, but also valuable time in coordinating schedules
3. Virtual tours. Although nothing can replace an onsite visit, Corazon has encouraged clients needing to fill a position quickly to develop facility and community virtual tours. Some hospitals may already have virtual hospital tours of procedural areas, inpatient units, and clinics, so adding a few more areas on a "live" virtual tour can allow the candidate to visualize where s(he) will be working.
4. Make a decision. When travel restrictions are lifted and candidates can visit in person, the onsite visit should be a mere formality. The visit should be structured more as a 'meet and greet' as opposed to an interview. Hiring managers should focus on showcasing the facility and community attributes, along with discussions about timeline for acceptance and start dates.

Without a plan and a timeline to fill positions that were identified as a pre-pandemic need, hospitals will be at a disadvantage versus those who have remained diligent in their search efforts. As recent labor statistics show, a stark shortage of healthcare workers exists. Facilities that delay or postpone pre-Covid initiatives are at risk of losing high-quality candidates to their competitors.

On the other hand, for facilities dealing with financial challenges related to the Covid crisis, downsizing their physician workforce or suspending recruitment initiatives is not the answer to a successful turnaround.

As restrictions are lifted and patients are able to resume normal activity, including rescheduling elective surgical procedures, obtaining ancillary testing, and routine office visits, facilities must have the required staff 'at the ready' to care for patients. Terminating searches or imposing a freeze on open positions will only limit patient volume and throughput, with a negative, long-term impact.

Corazon recommends facilities evaluate all open physician positions, and develop both short- and long-term plans for placement. Administration and medical staff leadership need to work collaboratively to identify those positions that are essential to patient care and those that will have an immediate impact once facilities resume normal activity.

Recommendations include:

- Conduct or refresh a medical staff needs assessment, referencing the most current medical staff development plan.

- Evaluate the financial impact of Covid at the hospital and practice level, and adjust business plans accordingly for the remaining months of 2020.

- Examine the "funnel" of physician prospects by specialty. Do not suspend searches based on the level of compensation. Physician specialties that command higher salaries usually yield higher reimbursements and generate significant downstream revenue, financial contributions that can be critical to regaining viability and bottom-line recovery.

In Conclusion

Leading programs will step up to the challenges that this pandemic brings. Infrastructure changes, re-configured processes, solid leadership skills, and effective communication strategies will be the underpinnings of successful change management. Best-practice programs will define the new norm. A service line administrator's ability to communicate and share experiences with their physician partners through these challenging times can determine a stronger and more beneficial working relationship going forward. These efforts hold the promise of a new recipe for the "special sauce" that flavors the effectiveness of their relationships and influences the success of their program. Communicate! Communicate! Communicate! Stay well. Reach out with a "virtual hug" to a physician partner today.

Reference

Centers for Medicare & Medicaid Services (CMS) "Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I." Available online at https://www.cms.gov/files/document/ covid-flexibility-reopen-essential-non-covid-services. pdf. Accessed May 27, 2020.

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