



COVID-19 Relaunch & Recovery Readiness

Today's Speakers

GET SOCIAL WITH TILLER HEWITT



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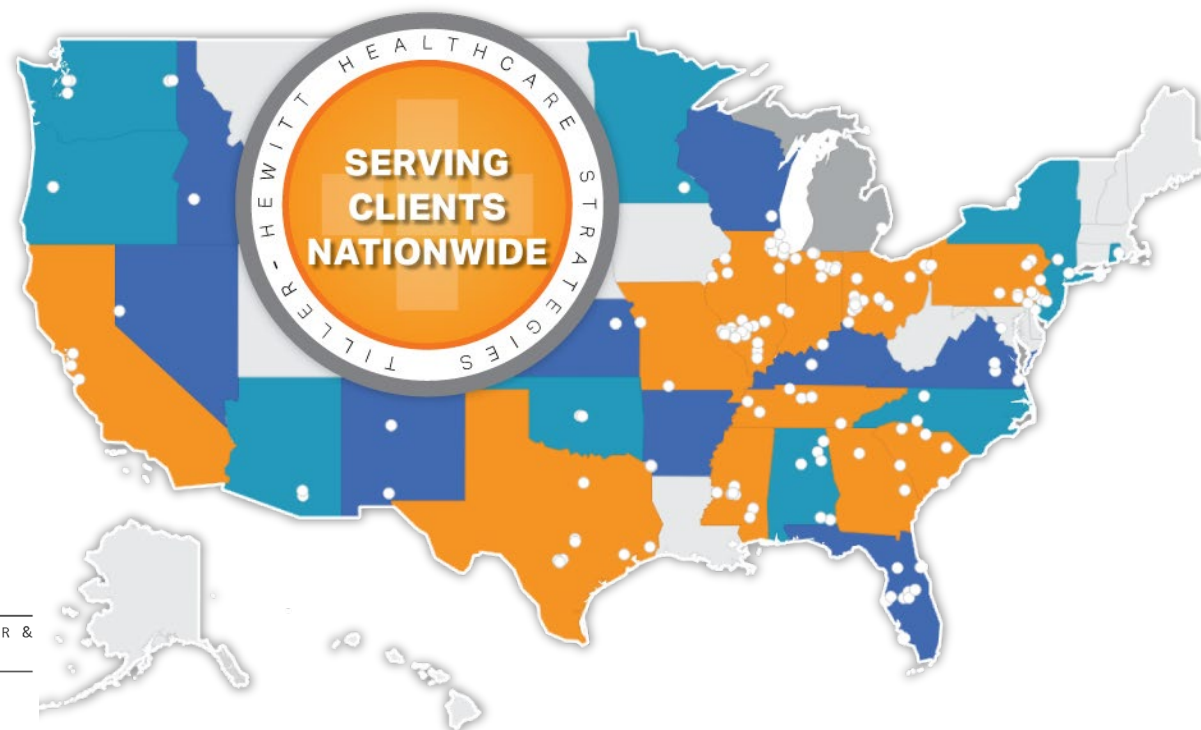
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of the American Hospital Association



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COACH, TEACHER &
SPEAKER

Physician+Hospital RelationsProgram

Launch/Assess/Redesign Outreach (Liaison) Programs

Strategic Market Share Growth

Service Line Development

Process Improvement – Access – Transition of Care

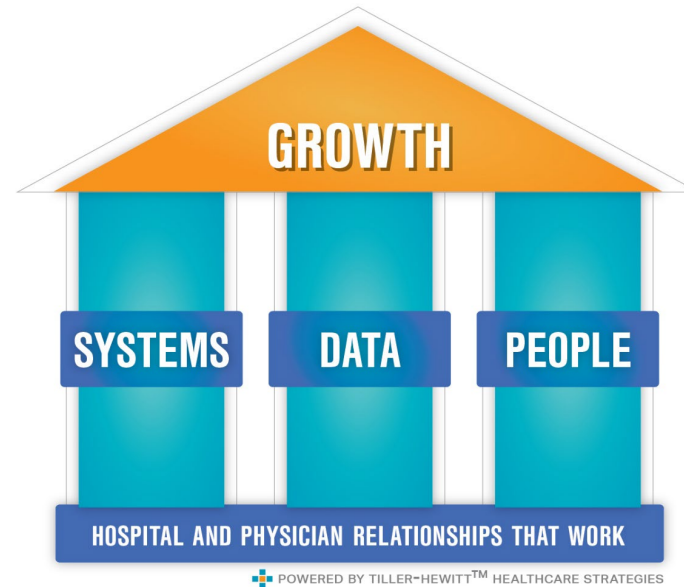
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Market Intelligence
Referral Data Management
Issue Resolution Tracking

MAKEitMATTER

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Public Training Workshops
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**Be kind whenever
possible. It is always
possible.**

Dalai Lama

COVID-19 RELAUNCH & RECOVERY PLAN

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As health systems respond to the COVID-19 pandemic, all resources have been shifted and are dedicated to this crisis. Hospitals have been forced to cancel elective surgeries and procedures, furlough staff and shut down profitable service lines – creating unsustainable losses.

Now is the Time to Prepare for Life After COVID-19

Organizations need to be ready to accommodate an abundant backlog of business. A huge paradigm shift is looming as referral patterns could literally shift overnight. This provides an unprecedented opportunity for the organizations that accelerate the planning and execution of a post-crisis relaunch and recovery plan.

When hospital and clinic doors reopen to elective business, it will be likened to a brand-new service to market. Those organizations that are first to market with easy access and capacity will be the short and long-term winners. Unresolved pre-crisis bottlenecks will become post-crisis choke points – exposing unprepared organizations.

The reality is many organizations will not be able to accommodate the pent-up demands, so organizations must prioritize volume that is in line with their strategic goals. Some organizations will not survive the losses caused by this crisis. Given that reality, acquisition and partnership opportunities will likely present themselves.

Healthcare will likely be the first phase of our nation's reopening, providing a world stage.

POST COVID-19 ASSUMPTIONS

1. Surge of elective procedures and deferred care
2. Access, capacity and staffing will be tested
3. Referral patterns will shift based on access, capacity and experience
4. Partnership and acquisition opportunities will emerge
5. A robust professional outreach program will be critical to lead recovery efforts

Will Your Team Be Ready?

The first step is to evaluate key post-crisis predictions to pinpoint your most pressing challenges and areas of greatest opportunity. Next, answer key questions that will determine how well-positioned your organization is for a rapid-recovery effort.

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©TILLER-HEWITT LEADS HEALTHCARE ORGANIZATIONS THROUGH THE RELAUNCH AND RECOVERY EFFORTS TO DELIVER STRATEGIC GROWTH AND MEASURABLE RESULTS

YES NO

RAPID RELAUNCH & RECOVERY READINESS

- ☐ ☐ 1. Have you quantified the potential influx of volume (cancellations + backlogs + new business) at hospital and practices/clinics?
- ☐ ☐ 2. Have you identified and prioritized the critical service lines and specialties for recovery efforts?
- ☐ ☐ 3. Do you have access to pre-crisis internal and external referral data that allow for focused business recovery efforts of key referral sources?
- ☐ ☐ 4. Have you done an operational assessment to determine if the influx of business into key service lines can be accommodated? (Staffing, equipment, facilities, block-time, nursing – anesthesia – surgeons)
- ☐ ☐ 5. Have you assessed all access points? (scheduling, registration, contact/call centers, pre-auth, clinics and provider practices) Resolve pre-crisis bottlenecks to avoid post-crisis choke points!
- ☐ ☐ 6. Have you completed a market analysis of potential competitive threats and acquisition or partnership opportunities?
- ☐ ☐ 7. Have you developed a short - and - long-term post-crisis telehealth strategy to improve access and increase capacity?
- ☐ ☐ 8. Have you developed a relaunch and recovery marketing/communication plan for providers, their staff, community and patients?
- ☐ ☐ 9. Do you have a strategically focused Liaison/Outreach Program?
- ☐ ☐ 10. Does your Liaison/Outreach team have the capacity and resources to execute a full market Relaunch and Recovery Plan to rapidly communicate recovery efforts?

Three Critical Success Factors

1. Preparedness as indicated by the Relaunch & Recovery Readiness checklist
2. Multifaceted communication and outreach plan
3. Rapid execution in live and virtual environments

The future success of your organization will be determined by how well you prepare for and execute your post-crisis strategies. While managing the crisis remains a top priority, equally rigorous planning for life after COVID-19 will position you for rapid recovery and long-term growth.

Our team stands ready to engage virtually for rapid development and execution of your COVID-19 Relaunch & Recovery Plan.

To schedule a complimentary strategy call contact 866-651-8701 or TGT@TILLERHEWITT.COM

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©TILLER-HEWITT LEADS HEALTHCARE ORGANIZATIONS THROUGH THE RELAUNCH AND RECOVERY EFFORTS TO DELIVER STRATEGIC GROWTH AND MEASURABLE RESULTS

Download at: tillerhewitt.com/covid-19-relaunch-recovery-resources/

POST COVID-19 ASSUMPTIONS

Surge of elective procedures and deferred care

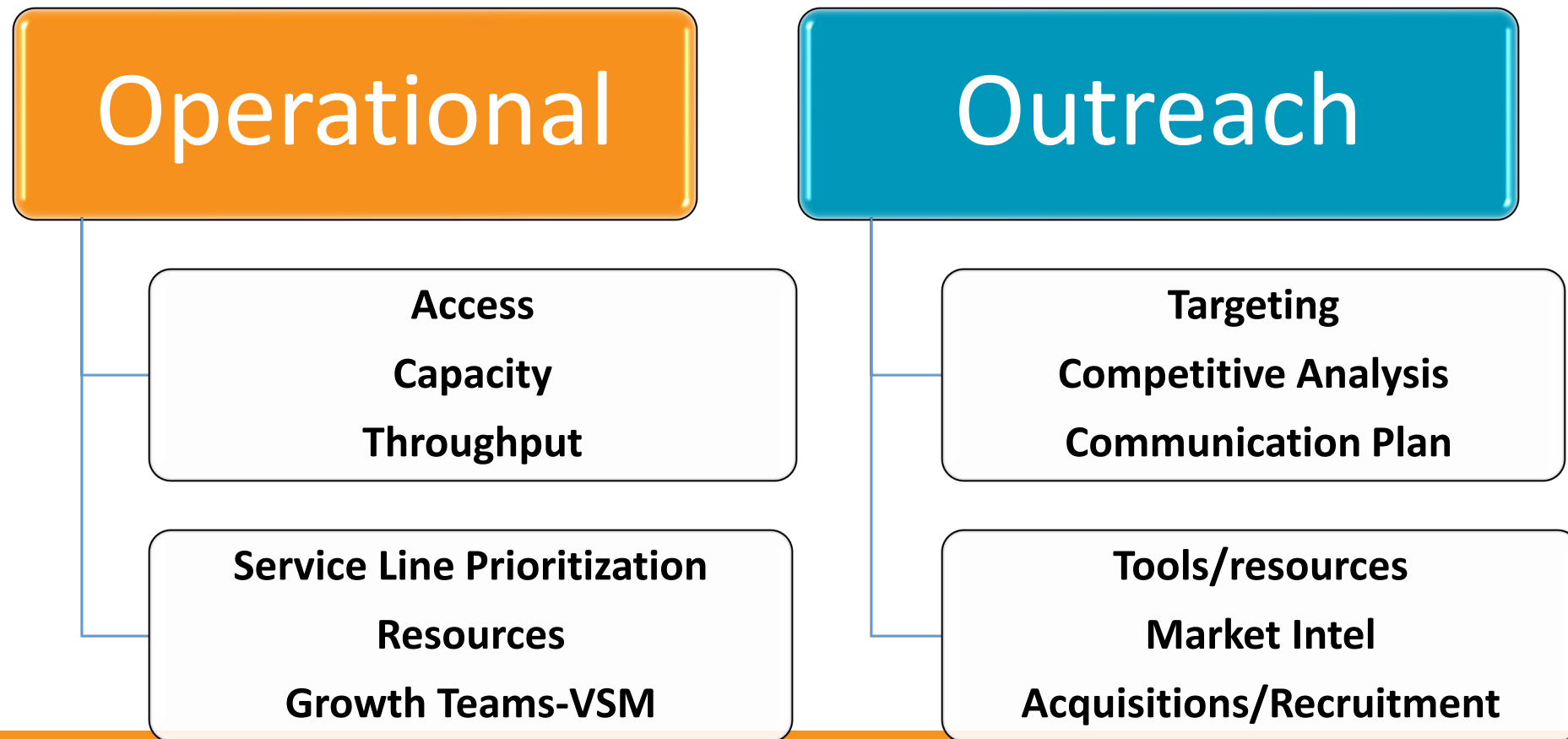
Access, capacity and staffing will be tested

Referral patterns will shift based on access, capacity and experience

Partnership and acquisition opportunities will emerge

A robust professional outreach program will be critical to lead recovery efforts

COVID-19 RELAUNCH & RECOVERY READINESS



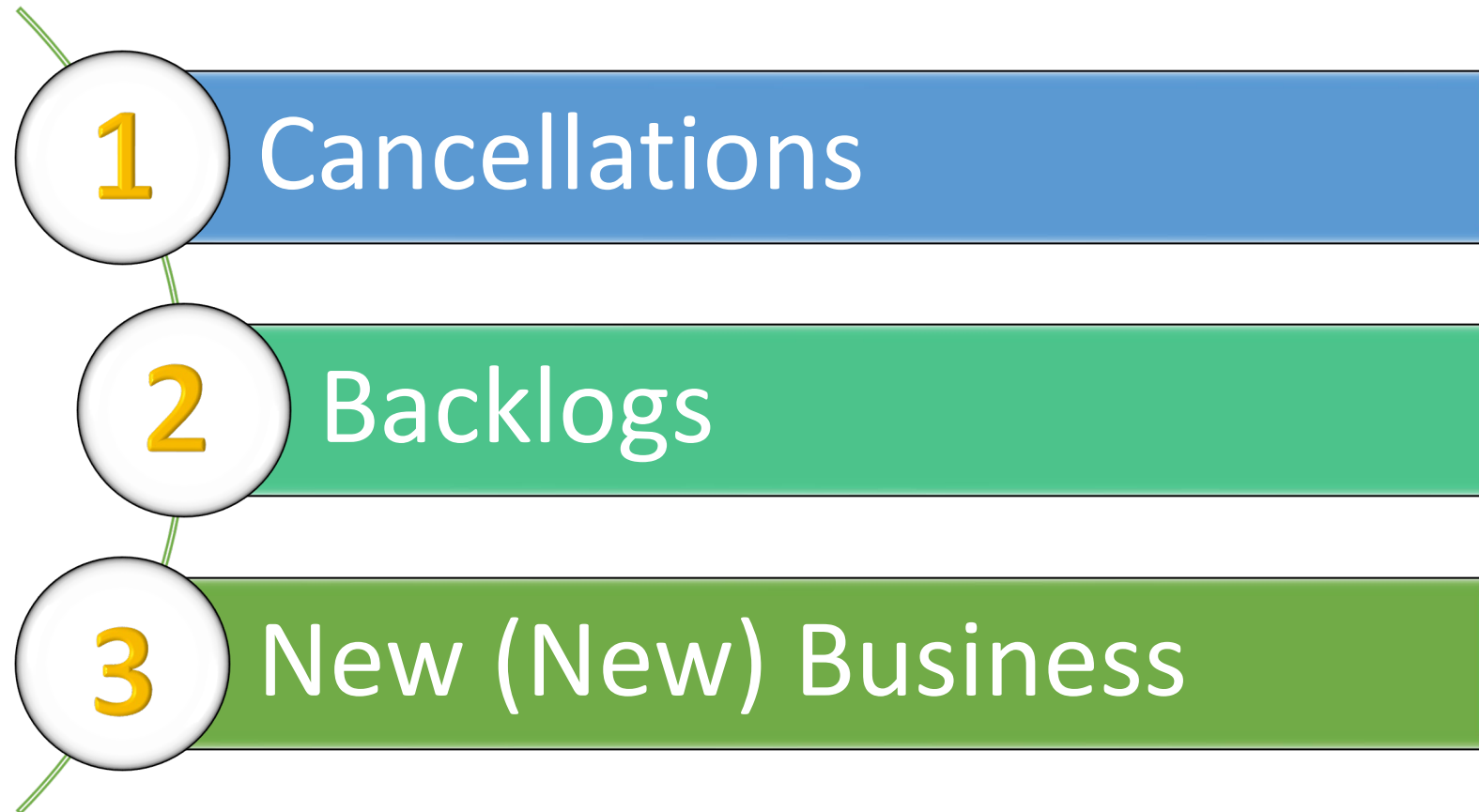
Q1

Have you quantified the potential influx of volume
(cancellations + backlogs + new business)
at hospital and practices/clinics?

RELAUNCH & RECOVERY READINESS



Q1. Quantified the potential influx of volume hospital/practices



Q2

Have you identified and prioritized the critical service lines and specialties for rapid recovery efforts?

RELAUNCH & RECOVERY READINESS



Q2. Identify & Prioritize Critical Service Lines/Specialties

- 1 Surgery/Procedural
- 2 High Margin Ancillary
- 3 Willing to Lose

Q3

Do you have access to pre-crisis internal and external referral data that allow for focused business recovery efforts of key referral sources?

RELAUNCH & RECOVERY READINESS



Q3. Data Analysis – Internal & External

- 1 More Access
- 2 Less Access
- 3 Referral Patterns/Sources

Q4

Have you done an operational assessment to determine if the influx of business into key service lines can be accommodated?

(Staffing, equipment, facilities, block-time, nursing – anesthesia – surgeons)

RELAUNCH & RECOVERY READINESS



Q4. Operational Assessment – Key Service Lines

- 1 Facilities/Staffing
- 2 Expansion/Shifting Volumes
- 3 Capacity Enhancement

Q5

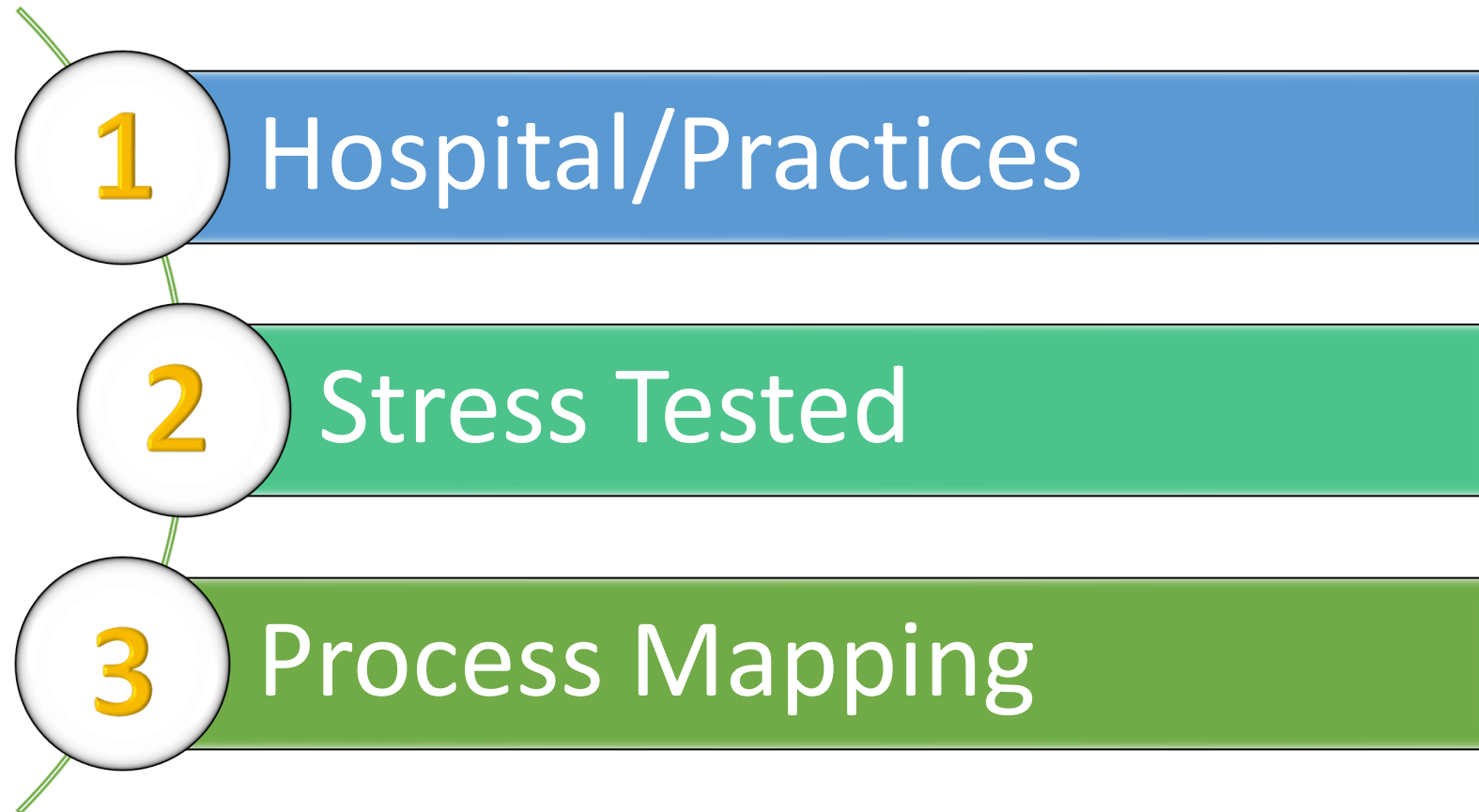
Have you assessed all access points?
(scheduling, registration, contact/call centers, pre-auth, clinics and provider practices)

Resolve pre-crisis bottlenecks to avoid post-crisis choke points!

RELAUNCH & RECOVERY READINESS



Q5. Access - From Bottlenecks to **CHOKE POINTS**



Q6

Have you completed a market analysis
of potential competitive threats and
acquisition or partnership opportunities?

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Q6. Threats & Opportunities



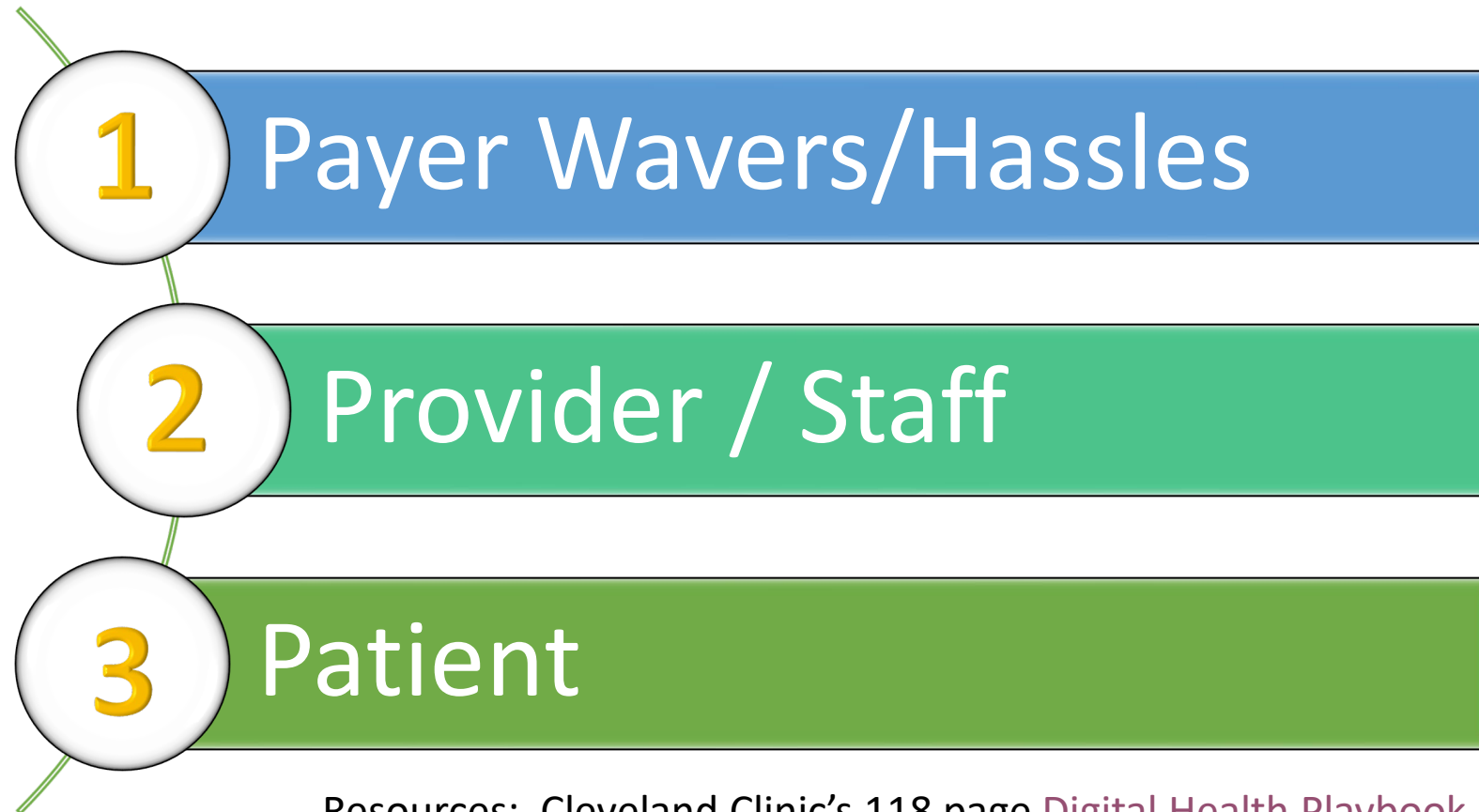
Q7

Have you developed a short - and - long-term
post-crisis telehealth strategy
to improve access and increase capacity?

RELAUNCH & RECOVERY READINESS



Q7. Telehealth Strategy



Resources: Cleveland Clinic's 118 page [Digital Health Playbook](#)

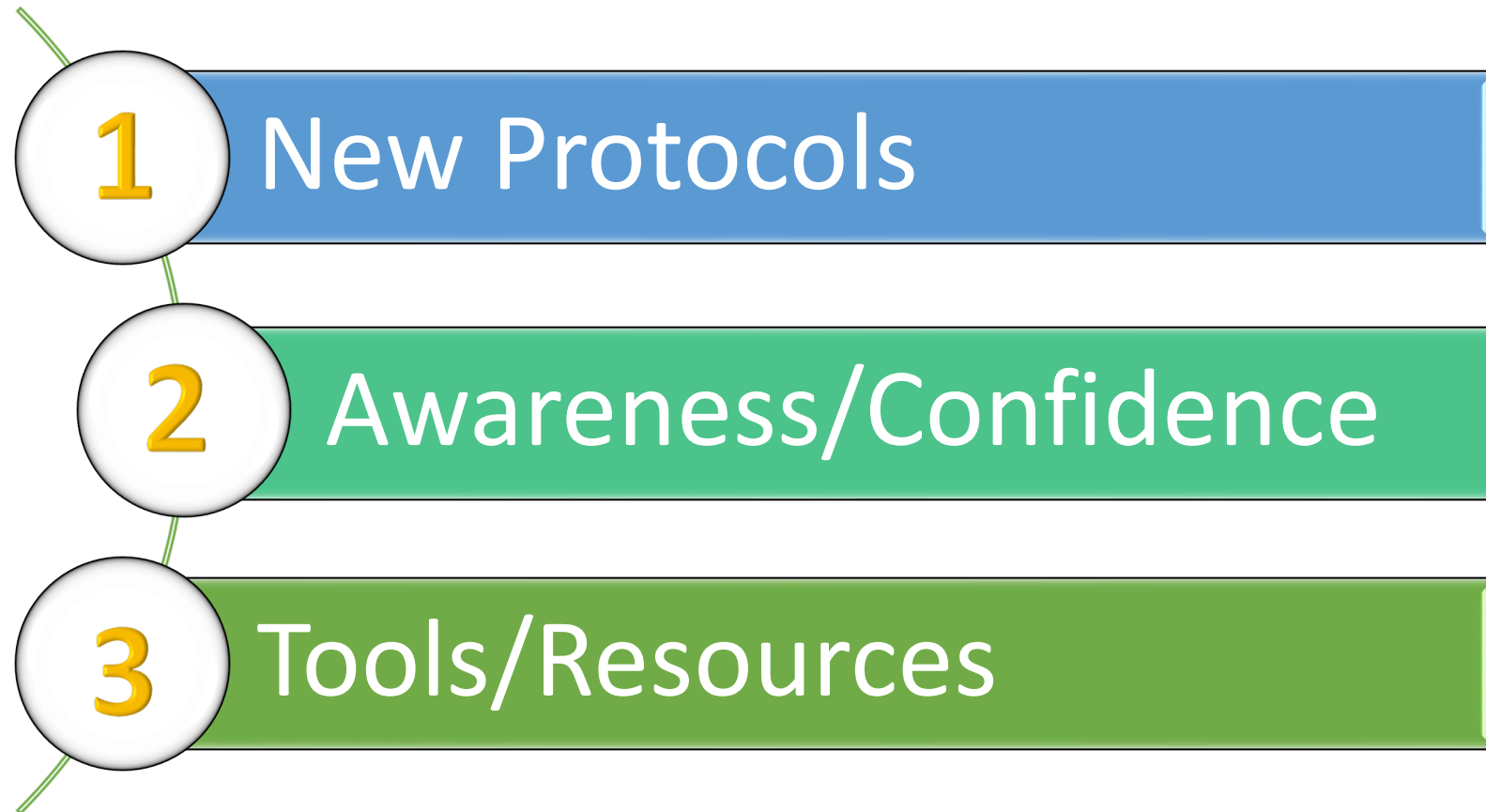
Q8

Have you developed a relaunch and recovery marketing/communication plan for providers, their staff, community and patients?

RELAUNCH & RECOVERY READINESS



Q8. Marketing/Communication Plan



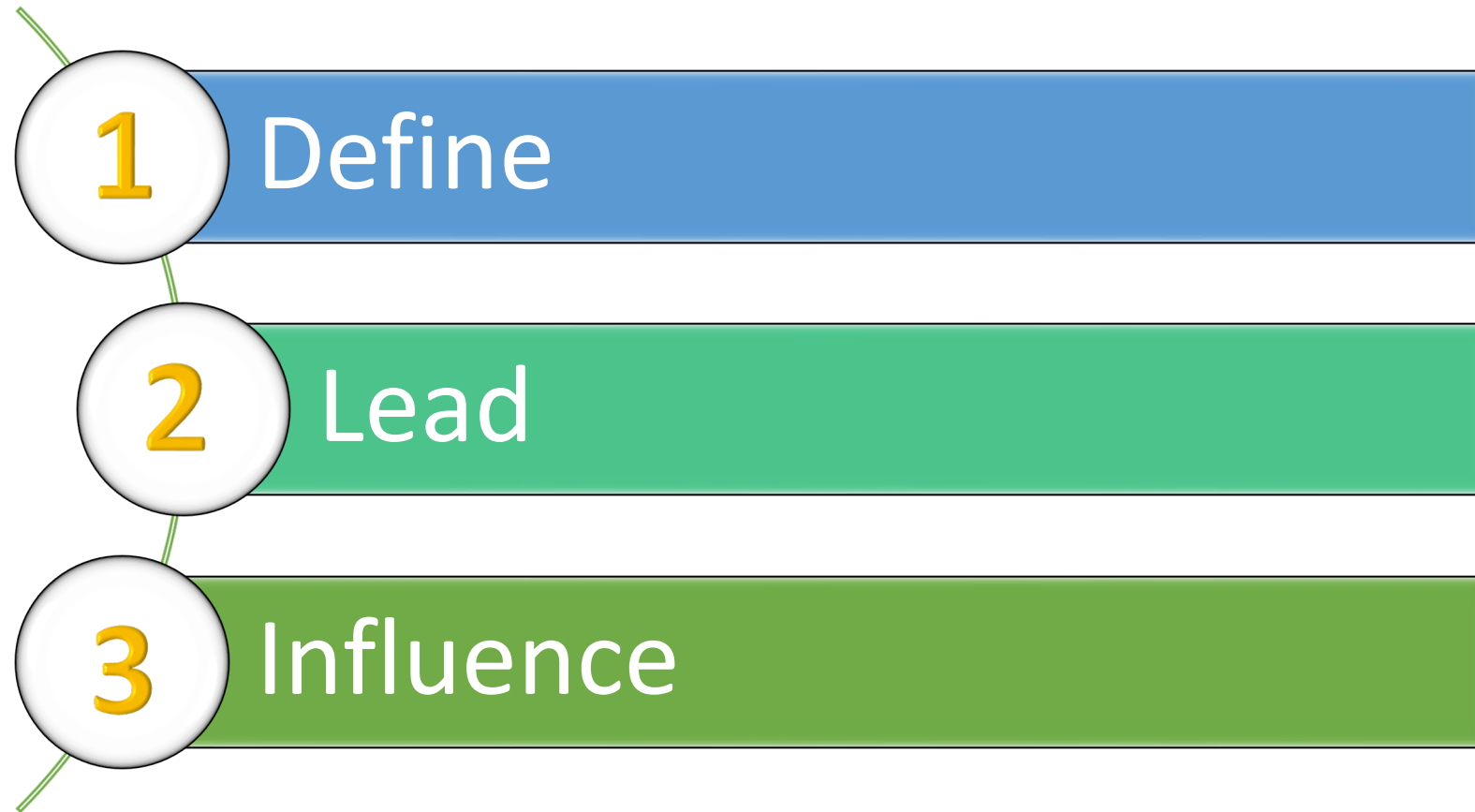
Q9

Do you have a strategically focused
Liaison/Outreach Program?

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Q9. Strategic Outreach Program



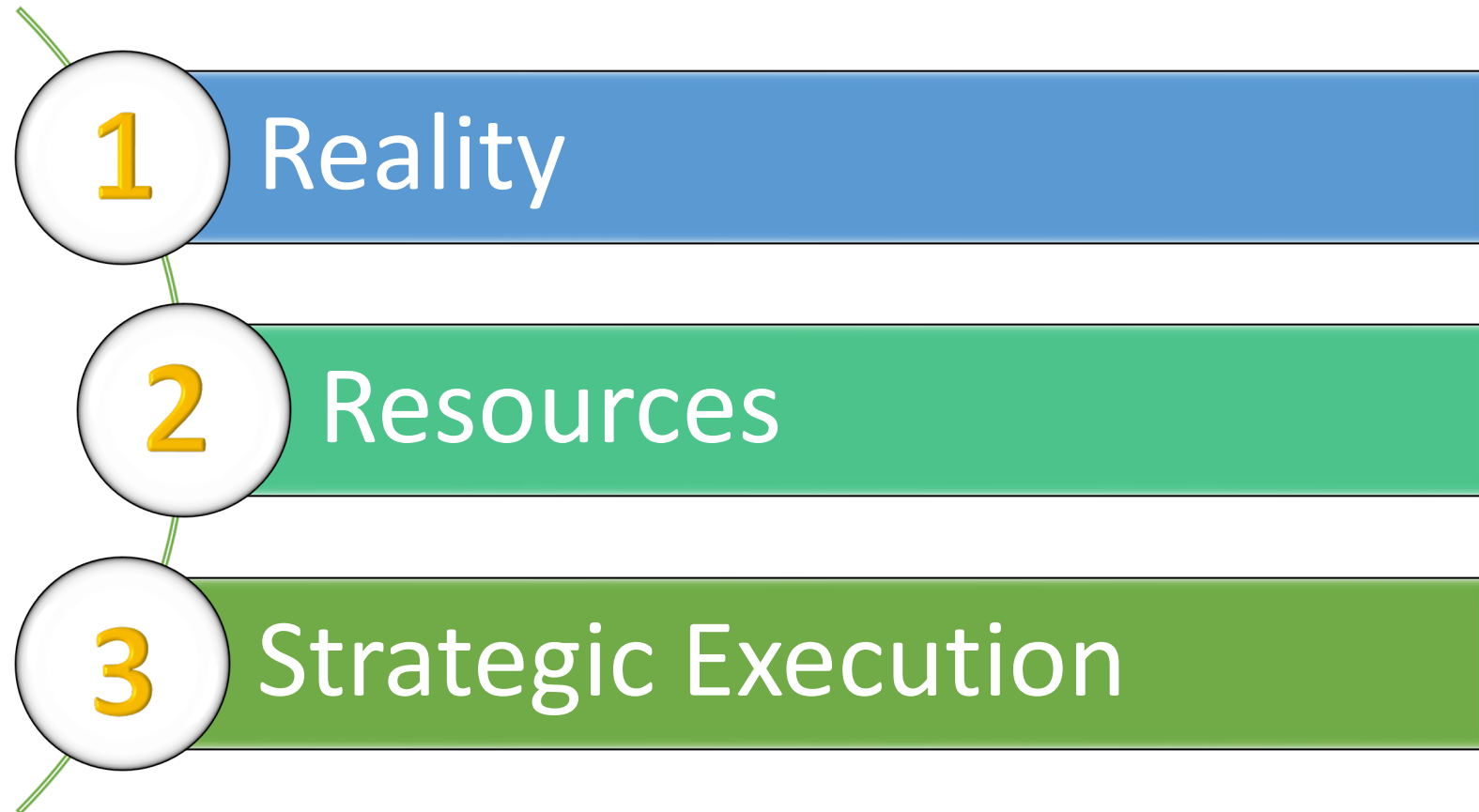
Q10

Does your Liaison/Outreach team have the capacity and resources to execute a full market Relaunch and Recovery Plan to rapidly communicate recovery efforts?

RELAUNCH & RECOVERY READINESS



Q10. Capacity & Resources to Execute the Recovery Plan



3 Critical Success Factors

PREPAREDNESS – INDICATED BY READINESS CHECKLIST

MULTIFACITED COMMUNICATION & OUTREACH PLAN

RAPID EXECUTION IN LIVE AND VIRTUAL ENVIRONMENTS

“And once the storm is over, you won’t remember how you made it through, how you managed to survive. You won’t even be sure, whether the storm is really over. But one thing is certain. When you come out of the storm, you won’t be the same person who walked in. That’s what this storm’s all about.”

Haruki Murakami



Thanks for joining us today

TILLER • HEWITT™
HEALTHCARE STRATEGIES

RAPID RELAUNCH & BUSINESS RECOVERY READINESS

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WE STAND READY TO HELP!

Proposed State or Regional Gating Criteria

Satisfy Before Proceeding to Phased Comeback

SYMPTOMS

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of covid-like syndromic cases reported within a 14-day period

CASES

Downward trajectory of documented cases within a 14-day period

OR

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

HOSPITALS

Treat all patients without crisis care

AND

Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

State and local officials may need to tailor the application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild). Additionally, where appropriate, Governors should work on a regional basis to satisfy these criteria and to progress through the phases outlined below.

INDIVIDUALS

Phase One

For States and Regions that satisfy the gating criteria

ALL VULNERABLE INDIVIDUALS should continue to shelter in place.

Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

All individuals, **WHEN IN PUBLIC** (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.

Avoid **SOCIALIZING** in groups of more than 10 people in circumstances that do not readily allow for appropriate physical distancing (e.g., receptions, trade shows)

MINIMIZE NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel.

EMPLOYERS

Phase One

For States and Regions that satisfy the gating criteria

Continue to **ENCOURAGE TELEWORK**, whenever possible and feasible with business operations.

If possible, **RETURN TO WORK IN PHASES**.

Close **COMMON AREAS** where personnel are likely to congregate and interact, or enforce strict social distancing protocols.

Minimize **NON-ESSENTIAL TRAVEL** and adhere to CDC guidelines regarding isolation following travel.

Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION**.

SPECIFIC TYPES OF EMPLOYERS

Phase One

For States and Regions that satisfy the gating criteria

SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) that are currently closed should remain closed.

VISITS TO SENIOR LIVING FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under strict physical distancing protocols.

ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to CMS guidelines.

GYMS can open if they adhere to strict physical distancing and sanitation protocols.

BARS should remain closed.

INDIVIDUALS

Phase Two

For States and Regions with no evidence of a rebound and that satisfy the gating criteria a second time

ALL VULNERABLE INDIVIDUALS should continue to shelter in place.

Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

All individuals, **WHEN IN PUBLIC** (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 50 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.

NON-ESSENTIAL TRAVEL can resume.

EMPLOYERS

Phase Two

For States and Regions with no evidence of a rebound and that satisfy the gating criteria a second time

Continue to **ENCOURAGE TELEWORK**, whenever possible and feasible with business operations.

Close **COMMON AREAS** where personnel are likely to congregate and interact, or enforce moderate social distancing protocols.

Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION**.

SPECIFIC TYPES OF EMPLOYERS

Phase Two

For States and Regions with no evidence of a rebound and that satisfy the gating criteria a second time

SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) can reopen.

VISITS TO SENIOR CARE FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under moderate physical distancing protocols.

ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient and in-patient basis at facilities that adhere to CMS guidelines.

GYMS can remain open if they adhere to strict physical distancing and sanitation protocols.

BARS may operate with diminished standing-room occupancy, where applicable and appropriate.

INDIVIDUALS

Phase Three

For States and Regions with no evidence of a rebound and that satisfy the gating criteria a third time

VULNERABLE INDIVIDUALS can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.

LOW-RISK POPULATIONS should consider minimizing time spent in crowded environments.

EMPLOYERS

Resume **UNRESTRICTED STAFFING** of worksites.

Phase Three

For States and Regions with no evidence of a rebound and that satisfy the gating criteria a third time

SPECIFIC TYPES OF EMPLOYERS

Phase Three

For States and Regions with no evidence of a rebound and that satisfy the gating criteria a third time

VISITS TO SENIOR CARE FACILITIES AND HOSPITALS can resume. Those who interact with residents and patients must be diligent regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under limited physical distancing protocols.

GYMS can remain open if they adhere to standard sanitation protocols.

BARS may operate with increased standing room occupancy, where applicable.