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Healthcare Post-COVID-19: Transitioning Healthcare Delivery Models to a “New-Normal” (Premier Cardiology, 9/10)

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Abstract

What is the Message? This article describes key changes in operations, communication, and security that are central to moving ahead effectively as we deal with COVID-19, including designation of specialty care facilities, creating emergency management plans, changing appointment policies, coordinating social distancing, managing hygiene protocols, and expanding testing.

What is the Evidence? The authors draw upon their recent experience at relevant medical centers.

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The COVID-19 pandemic has forced the healthcare industry to confront extraordinary challenges. Healthcare providers have endured shortages in medical supplies, protective equipment, and market instability. Nonetheless, amid the crisis, strong public health measures, physical distancing, and transitioning to online services has provided reassurance that the COVID-19 curve may be flattening as the number of new cases has decreased and the number of patients that are hospitalized has stabilized.

These challenges and changes have ushered in a new era for the healthcare industry, including the transition to hybrid in-person and digital health practice models. As we continue to move toward the transition of healthcare from pre- to post-COVID-19, certain provisions can ensure the safety, efficiency, and effectiveness in healthcare delivery models. This article describes key changes in operations, communication, and security that are central to moving ahead effectively, including designation of specialty care facilities, creating emergency management plans, changing appointment policies, coordinating social distancing, managing hygiene protocols, and expanding testing.

Operations, Communication, and Security

Designation of Specialty Care Facilities

Governments should participate in a coordinated and effective method of hospital utilization by considering the designation of select hospitals as COVID-19-only specialty care facilities. These facilities will ensure properly trained staff, adequate PPE, expertise in treating complex patients, and proper ICU capacity (including negative pressure rooms when needed) for patients. This allows other hospitals to continue ongoing services to non-COVID-19 patients with active medical conditions without risking transmission and contamination. Governments should also utilize their resources to plan for the management of outbreaks in vulnerable populations and locations.

Emergency Management Plans and Teams

Healthcare practices should maintain emergency management plans that outline practice operations and the impacts on healthcare providers and patients that coronavirus may have. These plans can include pandemic coordinators, risk communications, essential functions,

delegations of authority, continuity of facilities and communications, human resources, essential records management, testing and training, and reconstitution planning. They may choose to implement shift work for multispecialty office practices with providers staggered over the course of a day to reduce waiting room crowding and infection risk.

Consideration should also be given to assembling physician-staff teams so that monitoring the spread of coronavirus is attainable and practices may continue to operate in the event of positive results within a team. Clinic staffing must be structured to limit exposure and mitigate risk in the event a staff member gets sick as contact tracing and active testing become the new norm.

Practices should have continued access to communication that can be established by testing remote access to servers and email systems or the use of secure and cost-effective cloud options if access is restricted. Information should be kept within HIPAA regulations to ensure the security of sensitive data. Practices should also have access to critical information such as updates from CDC on COVID-19 for healthcare professionals.

Appointment Policies

Providers should institute a protocol for telemedicine to reduce the risk of transmission. Telemedicine appointments can include chronic care management, primary care, mental health, post-hospital discharge follow-up and post-op follow-up, thereby allowing providers and patients to maintain the practice of physical distancing while still providing timely, efficient and effective continuity of care. Patients can also utilize online payment methods via patient portals for billing and co-pays if needed. Providers should emphasize that non-urgent care can be obtained through telemedicine or rescheduled for a later time following local and state guidelines.

Nonetheless, offices should remain open for emergent needs or those requiring management in-office. Appropriate spacing of in-person appointments must be made to reduce wait times in the waiting room and allow for efficient evaluation of patients. On arrival, patients should have options to self check-in via a tablet service to reduce crowding. Patients needing to visit a practice can also be checked-in by phone and advised to wait in the parking area until called in. Patients can also be screened via questionnaires and administered temperature checks before entering the practice to further reduce the risk of transmission.

Social Distancing

Continuing social distancing practices post-COVID is crucial to the operations of healthcare practices. Providers should only allow patients inside the practice, restricting family members, friends, and children from entering except in extenuating circumstances. If there is any reason that this restriction cannot be met, only one person should accompany the patient. Practices should place signs that discourage sitting in waiting areas and tape off distances of six feet per CDC guidelines.

Hygiene Protocols

Developing protocols for proper hand hygiene, PPE, and sanitation of equipment should be a priority for healthcare practices. Providers may require the use of hand sanitizer by all patients and visitors to the practice and increase postage of signs in restrooms for proper hand hygiene. To further protect staff and patients, the installation of “sneeze guards” should be implemented on all diagnostic equipment that requires close contact and proper protective wear should be made available to all physicians and staff. Practices should also initiate frequent, thorough disinfection of waiting areas, restrooms, exam rooms, administrative tools, and equipment.

Expanding COVID-19 Testing

As testing capabilities expand, appropriate use of diagnostic testing for COVID-19 — ideally at the point of care — should be incorporated into pre-admission testing requirements prior to surgery and invasive procedures. Timely screening of healthcare personnel with known exposure risk should also be implemented in human resources guidelines. As more knowledge is gleaned regarding antibody testing for potential immunity to COVID-19, this testing modality should be incorporated to position personnel at lower risk of infection appropriately in critical care environments.

Looking Forward

Government and healthcare collaborations will prove to be critical tools in the functioning of healthcare practices. Protocols geared toward operations, appointments, social distancing, and hygiene and workflows that incorporate advances in COVID-19 testing can help practices

transition toward a “new normal” in the post-COVID era. These guidelines can help ensure the safety of patients, physicians, and healthcare personnel and allow for effective and efficient healthcare.