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How automation can liberate healthcare from dependencies and limitations

The COVID-19 pandemic has laid bare some of healthcare's most entrenched limitations, including a reliance on in-person visits, staffing shortages and a tendency to exclude IT from conversations about the organization's overall goals.

During *Becker's Hospital Review's* 12th Annual Meeting, in a session sponsored by Merative, formerly IBM Watson Health, three company leaders — Steve Vance, provider senior business development executive, Danielle Sebastian, implementation manager, and Anna Moore, product manager — led a roundtable discussion about the impact of those limitations on the parties involved and steps organizations can take to course-correct.
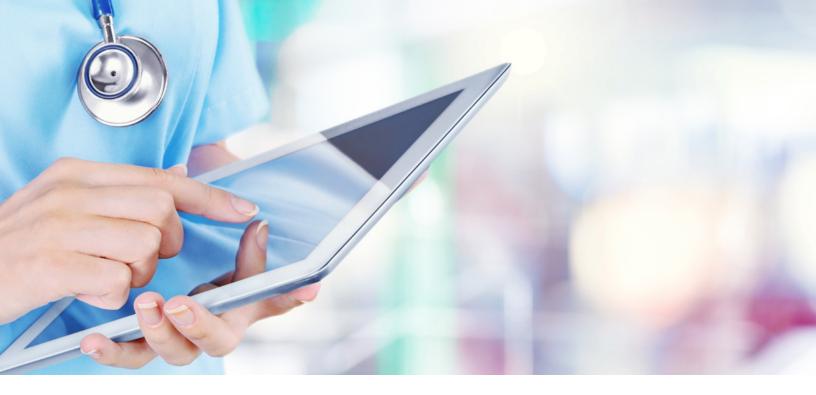
Four key takeaways:

1 **Delaying medical care worsens health outcomes and decreases revenues.** The impacts of delaying non-urgent medical appointments and care are encapsulated in the concept of "health debt." Health debt includes delayed critical screenings (e.g., breast and cervical cancer screenings and colonoscopies), which can lead to late diagnosis of disease and a need for more complex surgeries or costly treatments. Pandemic-related stressors, which may worsen diet, exercise and social habits such as smoking and drinking, and a loss of healthcare coverage after losing a job or financial insecurity have further contributed to the increase in health debt. This confluence of factors in turn reduces patient flow and revenues for health systems.

According to The Joint Commission, an estimated 41 percent of adults in the U.S. have avoided medical care during the pandemic because of contagion-related concerns. This has translated into a reduction in breast and colon cancer screenings by 89 and 85 percent, respectively, since early 2020.

"Health debt is a term we're going to start hearing more and more," Ms. Moore said. A roundtable participant added, "We need to get people to better understand the definition around 'elective surgery' — if it doesn't happen within a certain time frame, an elective surgery becomes an urgent/emergent type of scenario."

2 **Staffing challenges are exacerbating the nation's health debt.** The healthcare workforce is burned out, retiring or being lured away by direct and indirect competitors. "Staffing is at the worst possible position right now, because even though most people have come back, we can never go back to where we were [prior to the pandemic]. The operational cost to manage the workforce is upward of 70 percent of our revenue," an attendee said.

Another participant representing a major academic medical center in the Northeast said addressing staffing challenges goes far beyond attracting or retaining professionals with better pay. "We hire and we increase wages, but the individualized career path for the workforce is a place where we've got to invest more," she said, noting the turnover rate for nurses at her organization is approximately 40 percent. "We have to prevent that from happening."

For the youngest workers, career support may involve training beyond the immediate and urgent needs of caring for COVID-19 patients. "We have a lot of young physicians and team members who have never done healthcare outside of a pandemic. So now we have to be sensitive to how to train them or get them exposure beyond the pandemic arena. That's a whole other level," one participant said.

3 **Telehealth helps health systems net efficiency "wins."** Over the course of the pandemic, telehealth visits kicked into high gear. This phenomenon helped health systems mitigate the problem of patients incurring health debt and healthcare professionals leaving their organizations.

A health system leader representing a health system in the West said one of the most significant changes his organization implemented was a shift to virtual mental health visits. This organization serves populations in the states of South and North Dakota, where virtual visits have been crucial to reducing wait times for mental healthcare for teens from six months — child psychiatrists are notoriously difficult to book — to five days. "Our chief operating officer's challenge to us now is, 'Can you go from six days to six hours? What's the next step of this and how fast can you go?'" The telehealth modality also simplified check-up visits for mothers-to-be, who in some cases avoided having to drive 100 miles or more every two weeks to see their OB-GYN.

4 **It is crucial to foster better relationships with IT departments.** Although they are essential to keeping health systems going, IT departments are sometimes left out of important conversations regarding organizational goals and how the IT function can support those goals with data. In addition, IT units have their own staffing challenges, and health system leaders recognize the need to nurture better relationships with them.

One participant said to pave the way for better engagement with IT, their organization split the chief of IT and the chief digital officer roles. "What we found was that as they are innovating things, moving through the process, keeping the lights on and all of the things they have to do every day really was hamstringing IT's ability to look at what comes next. We had to put somebody else in charge of what comes next in order to make sure that we could continue to make the process," he said. Another attendee noted their organization is also considering splitting those roles.

To gain efficiency as they set about addressing these problem areas, healthcare organizations may consider automation. Automation solutions that support high levels of customization, such as those provided by Merative, can integrate into new care delivery models, alleviate supply chain concerns, augment workforce capacity and ease revenue insecurities — all of which can free up clinicians and staff to work at the top of their licenses.

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