

Care Model Transformation as a Strategy for the Strained Healthcare Workforce

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In September, 38,000 people left the healthcare workforce, according to the U.S. Bureau of Labor Statistics.¹ This dramatic shift in our workforce means we need the urgent redesign of care models and workflows. Yes, this is critical. In fact, this pressure is felt primarily in acute care settings. We are seeing the impact through national declines in patient experience and important measures of patient safety. For example, central line-associated bloodstream infections and falls with injury have significantly increased.

But we have also learned a great deal in the past two years. Many of the lessons that we learned during the early days of the COVID-19 pandemic will help guide how we meet our urgent need to transform care delivery models during the “turnover tsunami” and the “great resignation.”

During the pandemic, health systems rapidly transformed their care models due to uncertainty about how to safely deliver in-person care. The biggest example: the dramatic rise of virtual care across all of healthcare. This article examines the structure of Jefferson Health’s virtual management of COVID-19 patients to derive learnings for maximizing clinician staff time and reducing frustration for healthcare teams and patients alike.

Managing COVID-19 Patients Virtually

At Jefferson Health, our JeffConnect platform rose from 25 visits per day to more than 1,000 visits per day in a matter of weeks in the Spring of 2020. Today, virtual

1 U.S. Bureau of Labor Statistics, “[The Employment Situation—September 2021](#).”

visits represent as much as 20 percent of our ambulatory visits. The virtual care model is complementary to physical ambulatory locations, and often serves as a triage for ambulatory care to determine if an office practice, urgent care, or emergency room are the next best step in the care of the patient.

Further, during the pandemic, Jefferson Health developed an almost entirely virtual care model for managing ambulatory COVID-19 patients. This model extended from the onset of symptoms to the full resolution of symptoms, and all steps in between.

Our COVID-19 patient's journey began by interacting with a "bot" on our COVID-19 Web site. This virtual assessment was designed to be conversational and would lead to a recommendation about whether a test should be scheduled or a virtual visit. If the assessment recommended a virtual visit, then the patient was connected to the JeffConnect telehealth platform. If the telehealth visit resulted in the recommendation for a COVID-19 test, then the test would be scheduled virtually, and the patient would go through one of our many drive-up testing locations. Test results would be managed digitally.

If the JeffConnect appointment determined that a physical exam was needed, then the patient would be sent to the emergency department or urgent care, and the JeffConnect team would usher her or him through that process. If the patient was determined to be a good candidate for outpatient management, then they were issued

→ Key Board Takeaways

While hospitals are frantically scrambling to hire clinical staff in the face of the "great resignation," transformational trends in healthcare suggest new ways to ensure that:

- AI and machine learning are partners not adversaries. Clinicians are using technology to reduce wasted effort and gain satisfaction by practicing at the top of their professional expertise.
- The consumer revolution reduces anxiety. Patients are less frustrated by confusing, delayed, and unfriendly processes.
- Virtual care bridges health disparities. Shifting the locus of care to the home democratizes healthcare by forcing consideration of family dynamics, community resources, and social determinants of health.

a remote monitor for oxygen saturation and they were signed up for a text-based bot that would check in on the patient daily. The patient might be asked, “Julie, how are you feeling this morning?” They would then enter into a conversation with our “bot,” and they may wind up back on the phone with JeffConnect if their responses indicated that they needed to be evaluated.

Jefferson Health had a team of six nurses that were managing 1,200 patients at a time using this technology. The team also used this technology to check in throughout the day with patients who had been admitted and were recovering at home.

One of the most significant learnings from our efficient, high-touch, low-staffing approach was that patients enjoyed interacting with our technology. Our patients knew that they were interacting with a “bot,” but we had requests from patients to continue on the platform, even after they no longer needed the program. We learned that people are comfortable interacting with machines, and some of them value the interaction intrinsically.

Extending Virtual Care beyond the Pandemic

Jefferson Health’s high-touch digital approach was primarily motivated by the safety needs during the pre-vaccine pandemic, but the extraordinary efficiency of this approach has significant value with the current staffing challenges that we face in healthcare.

Jefferson Health is now extending that approach to our management of patients with congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). These virtual extenders of care may be able to extend the careers of nurses and physicians that aren’t interested in working in acute care environments. This helps because healthcare jobs outside of hospitals actually increased by 28,000 during September 2020.

This is a moment for opportunistic transformation in healthcare, where we must innovate to provide higher volumes of care with a smaller workforce. We cannot ask our amazing clinicians to do more because they are suffering from fatigue, burnout, and an increasing workload due to staffing shortages. This is the time where human-machine teaming must mature quickly for the benefit of our precious workforce and our deserving communities.

It is becoming mission-critical for health systems to be able to deliver services that are not billable in fee-for-service arrangements. Telehealth visits and digital tools have

very little support in traditional payment models. This is one reason why Jefferson Health has recently completed its acquisition of the large Medicaid and Medicare Advantage HealthPartners Plan. This opportunity will allow for the full alignment of technology, clinicians, and the health needs of the community.

Value-based care might be one of the most important strategies to support the workforce and the community over the coming years. Health systems that do not have a model that supports the use of technology to partner in care provision will likely struggle to transform the care model to provide the high-quality, safe care that is needed during the current staffing crisis.

There is too much anxiety, frustration, and wasted time in the delivery of healthcare today. It is driving clinicians into different roles, many outside of acute care. To combat this frustration, machines must become our allies, our extenders, our partners in providing the extension of care outside the walls of hospitals and into our patients' homes.

Furthermore, using technology to shift the locus of healthcare to the home quickly democratizes healthcare delivery—it forces consideration of family dynamics, neighborhood support, and other social determinants of health. The result will be better care for patients and a greater sense of efficacy for providers, which may indeed help encourage clinicians to find reward in acute care.

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