



CARE SHERPA

Post COVID-19: Prepping for Pent Up Patient
Demands
April 29th, 2020



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FREE WEBINAR • APRIL 29 • 1 HR

Post-COVID-19: Prepping for Pent-Up Patient Demands

**Strategies for Health System Marketers to Plan
Now for Post-Pandemic Backlogs & Workflows**



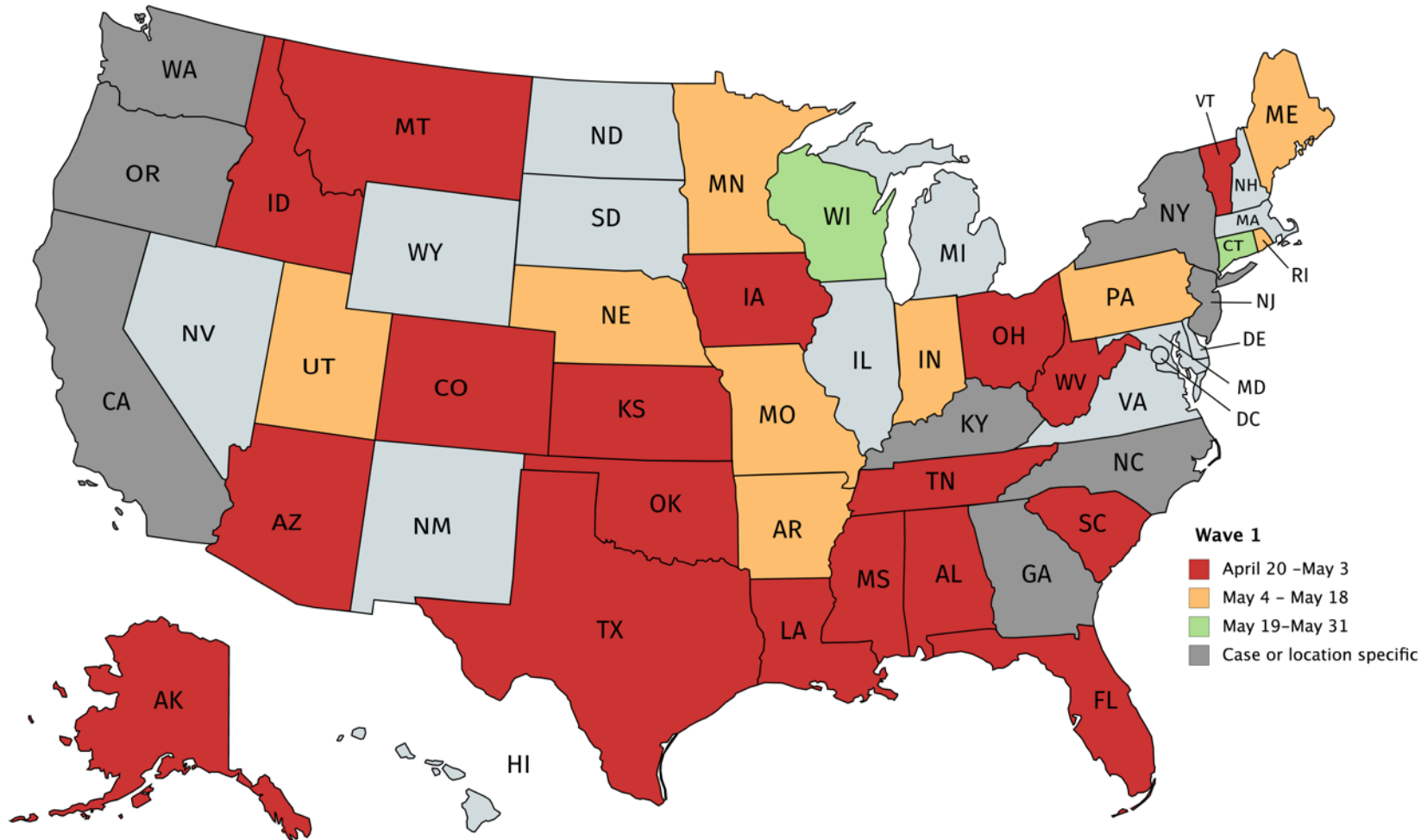
CARE SHERPA

Elective Procedure Projected Reopen Date by State

Predictions show a return to full Elective Procedure Capacity within 4 Weeks of Reopening

Assuming a May 1 Reopen Date

Elective Capacity	Date
25%	May 4
50%	May 11
75%	May 18
100%	May 25

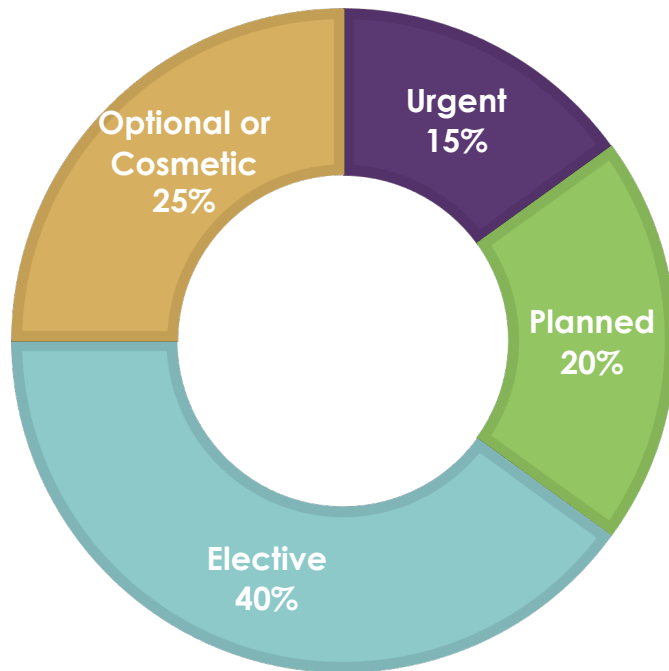


National Survey of Patients With an Elective Procedure Cancelled Due to COVID-19



Cancelled Procedure Patient Experience Survey

% OF RESPONSES

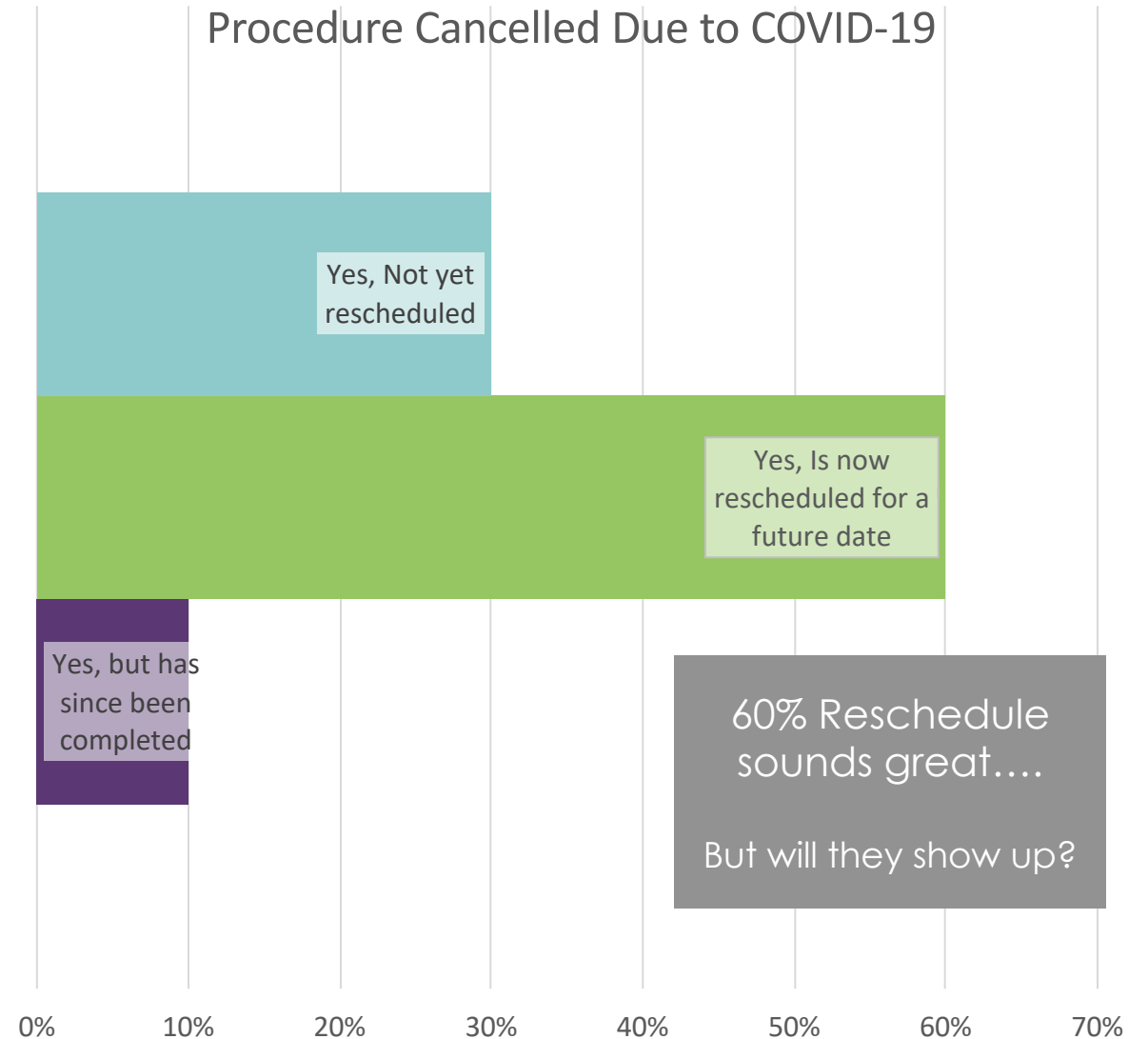


Urgent - Need in 30 days or less

Planned - Need in 3-6 months

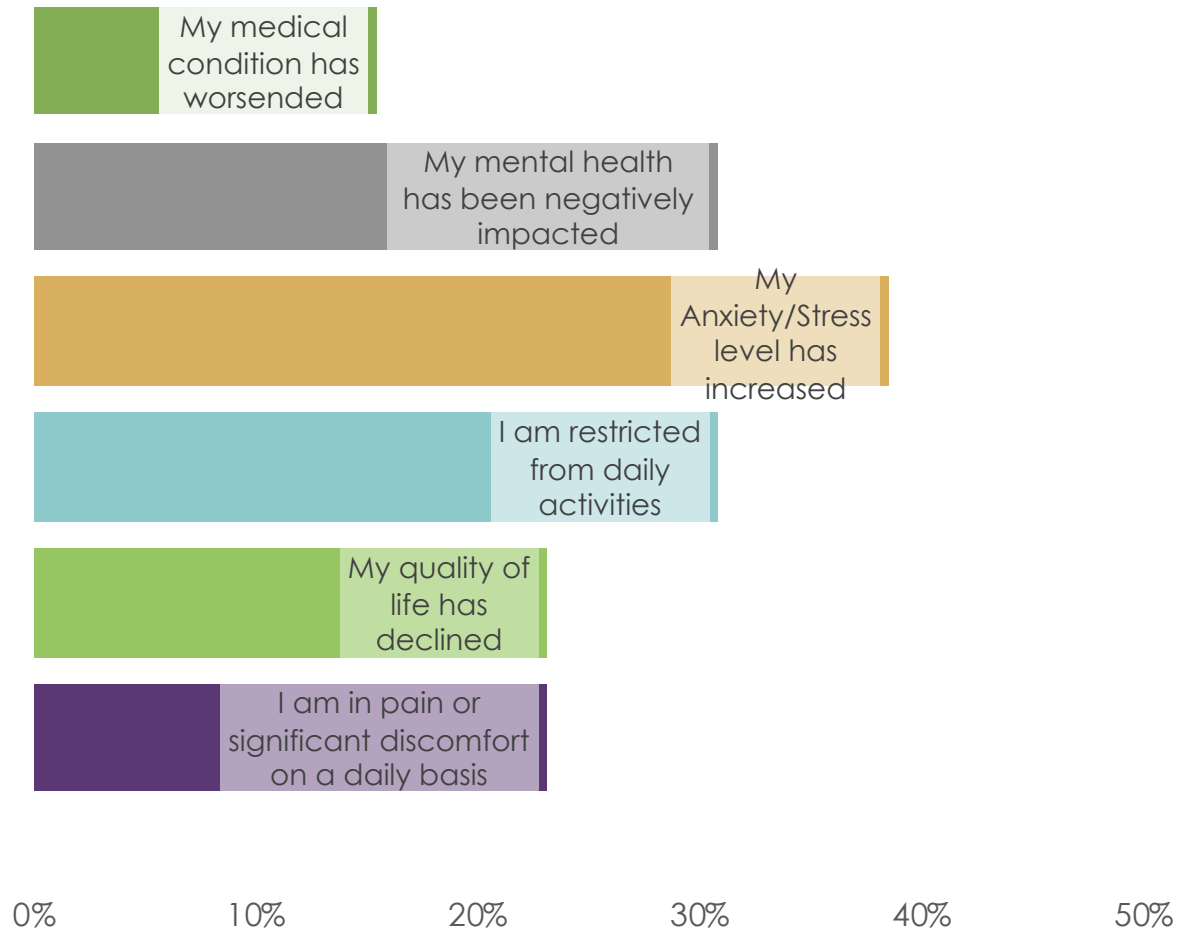
Elective - Need in 9-12 months

Optional/Cosmetic - No time based need

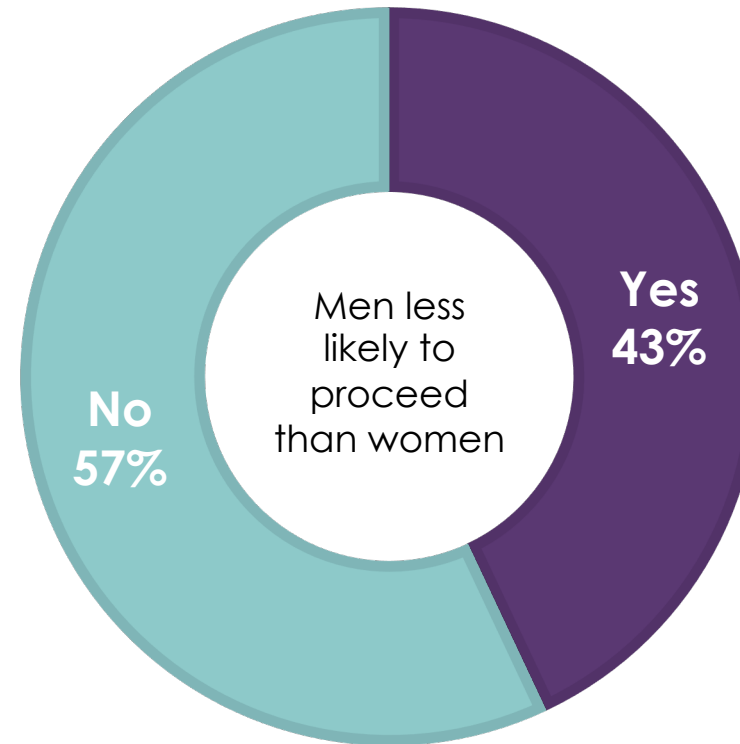


Cancelled Procedure Patient Experience Survey

Experience as a Result of Delay



Would you be willing to reschedule in the next **two weeks**?



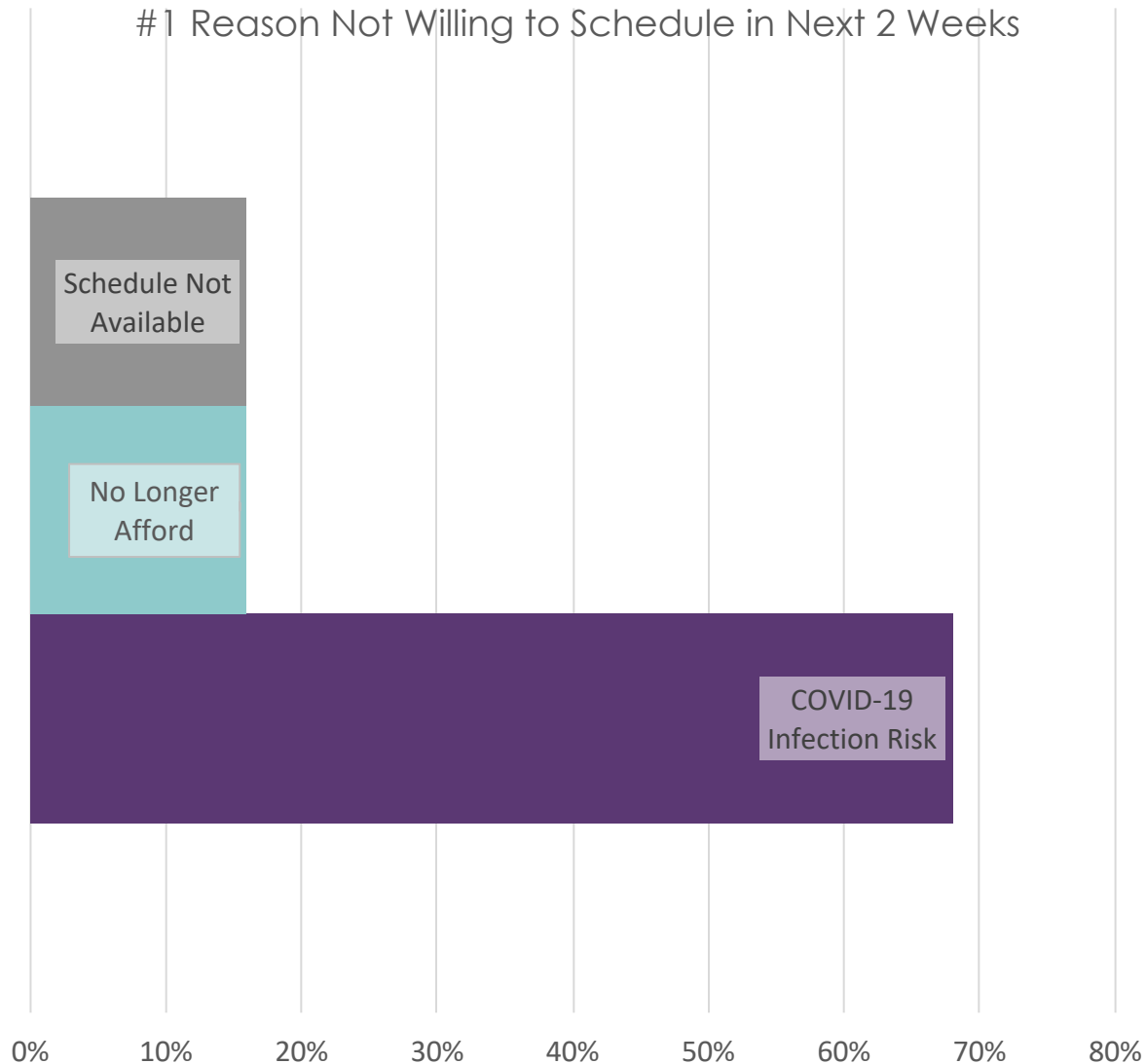
60% those self reported to be **High Risk** are Not Willing to proceed in the next two weeks

30 day Recapture

Not a NO, just a not right now

27% of Those Not Willing to Proceed in the next two weeks would proceed in the next 30 days

Cancelled Procedure Patient Experience Survey



When asked to select Top 3 Reasons:

1. Schedule Not Available
2. No Longer Afford
3. Lack of Care Giver Support
4. Possible COVID-19 Exposure
5. Pre/Post procedure support needs

Cancelled Procedure Patient Experience Survey

If unwilling to schedule in next 2 weeks, what criteria would be needed to schedule in next 30 days

1. Safety communication personalized to individual **patient condition or procedure**

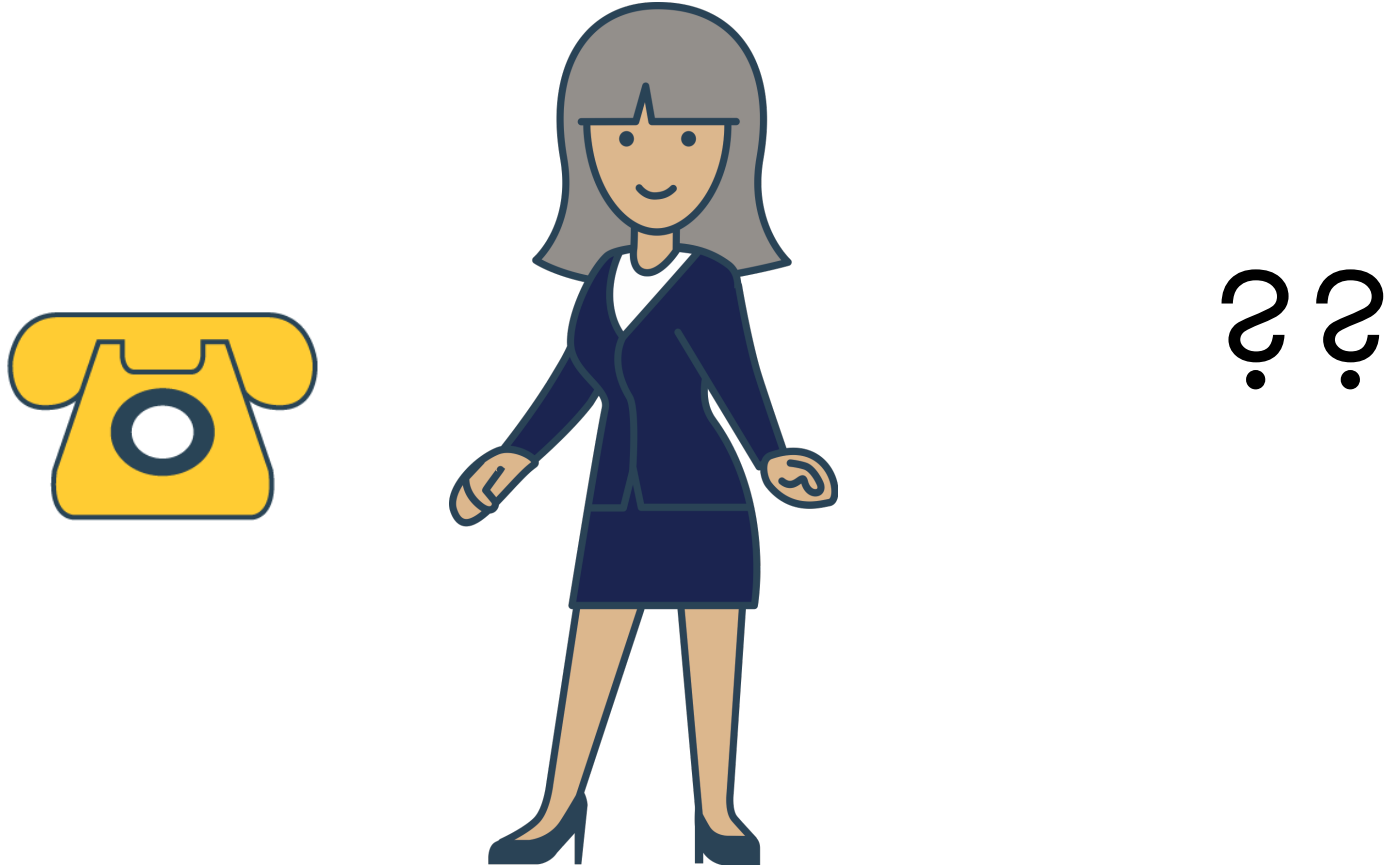
- 2. State/Local removing all COVID-19 restrictions
- 3. Offered alternative procedures with less risk
- 4. Offered a discount on procedure

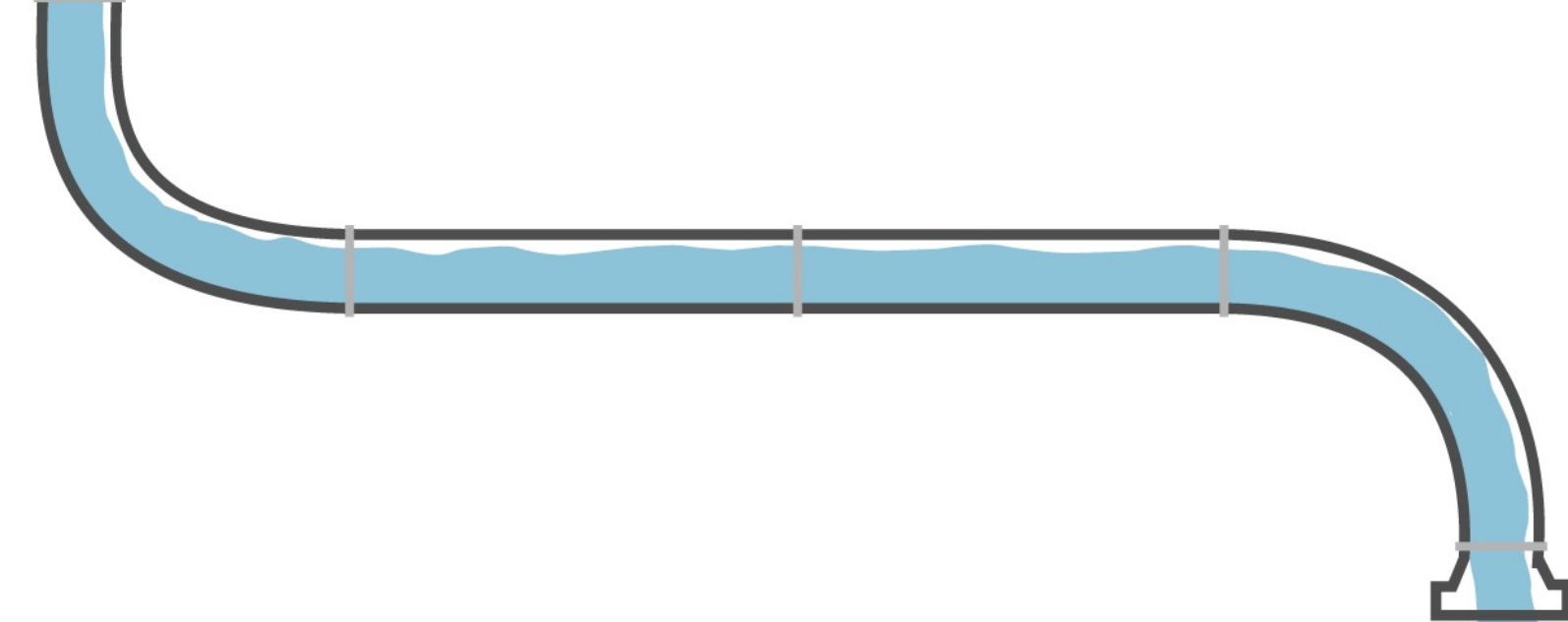
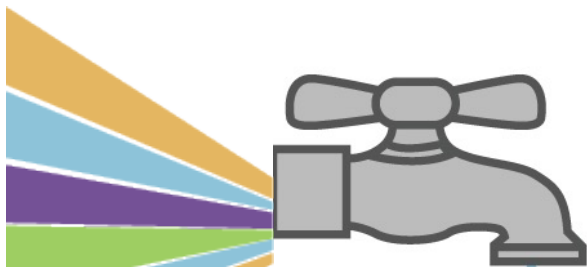


38%

Of patients surveyed have **NOT** been contacted by their provider about their procedure status

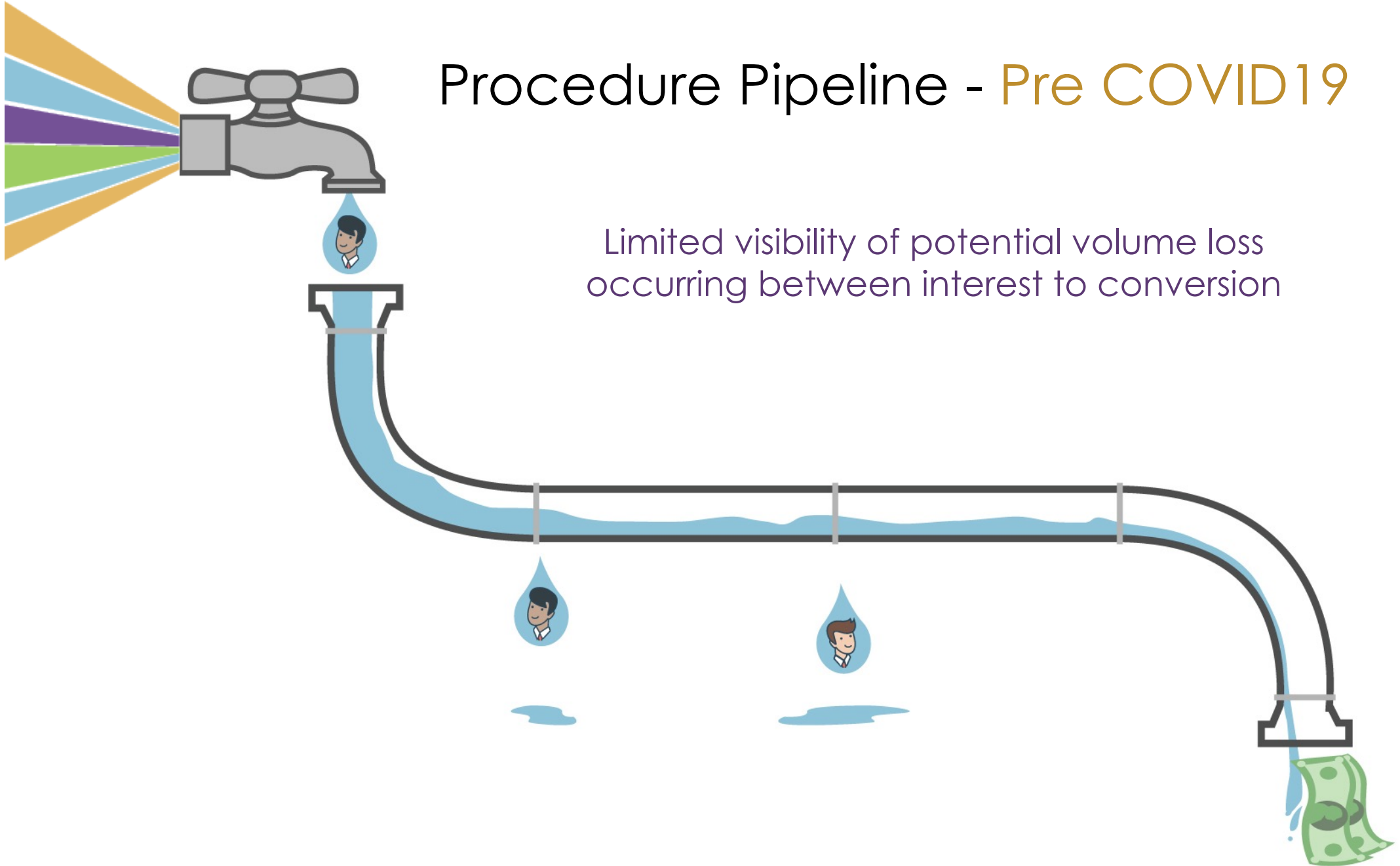
Cancelled Procedure Patient Experience Survey





Procedure Pipeline - Pre COVID19

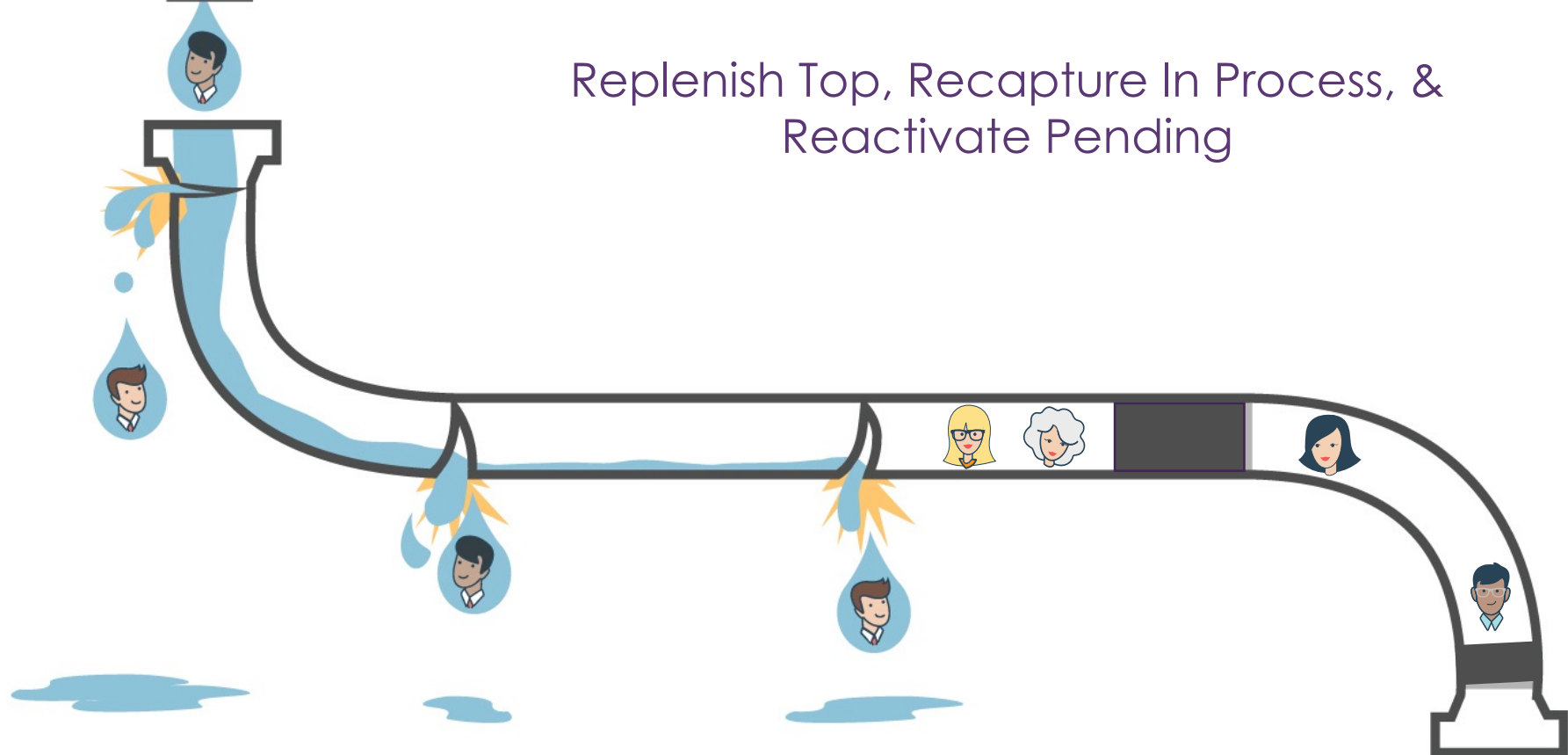
Healthy pipeline with fairly predictable
procedure volume





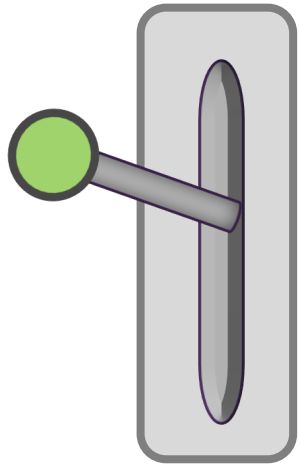
Procedure Pipeline - Post COVID

Replenish Top, Recapture In Process, &
Reactivate Pending

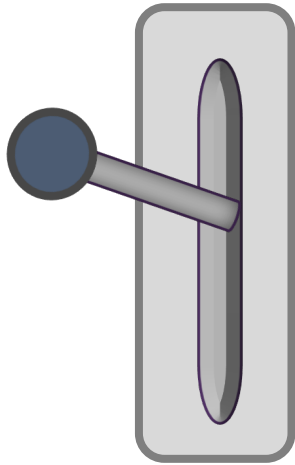


Prioritizing Patient Demand

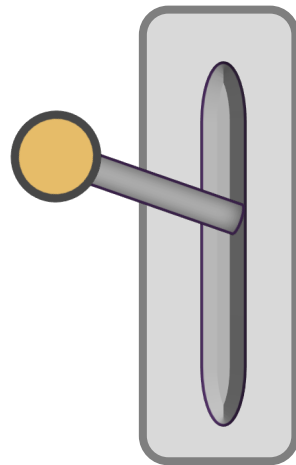
Levers to pull



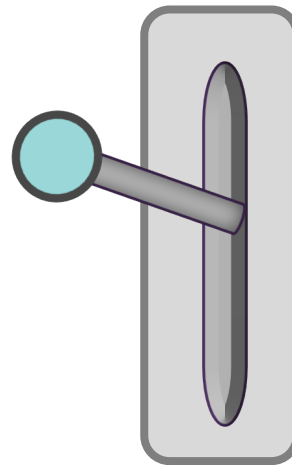
Clinical



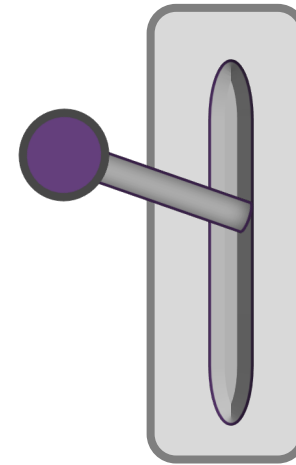
Staffing



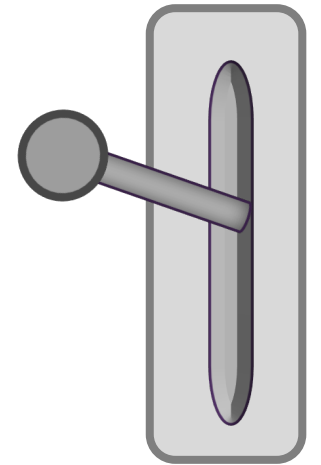
Environmental



Risk



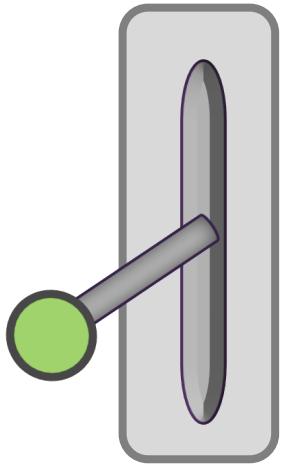
Patient



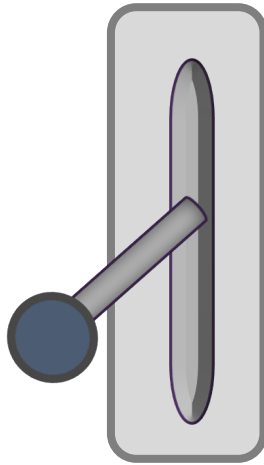
Financial

Prioritizing Patient Demand

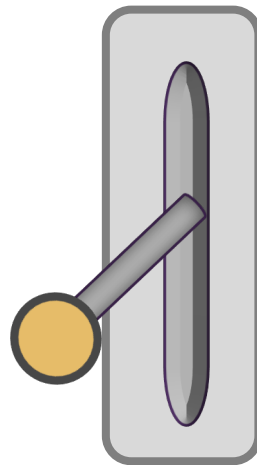
Levers to pull



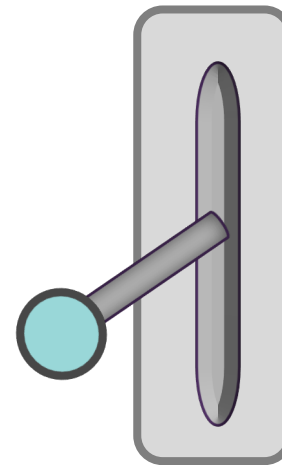
Clinical



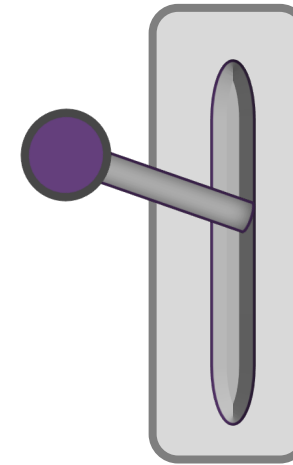
Staffing



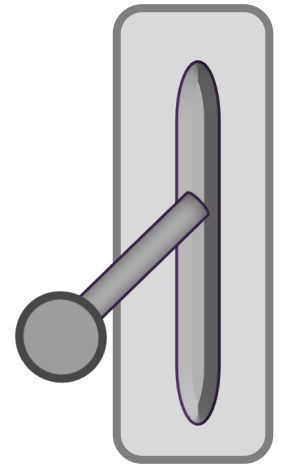
Environmental



Risk

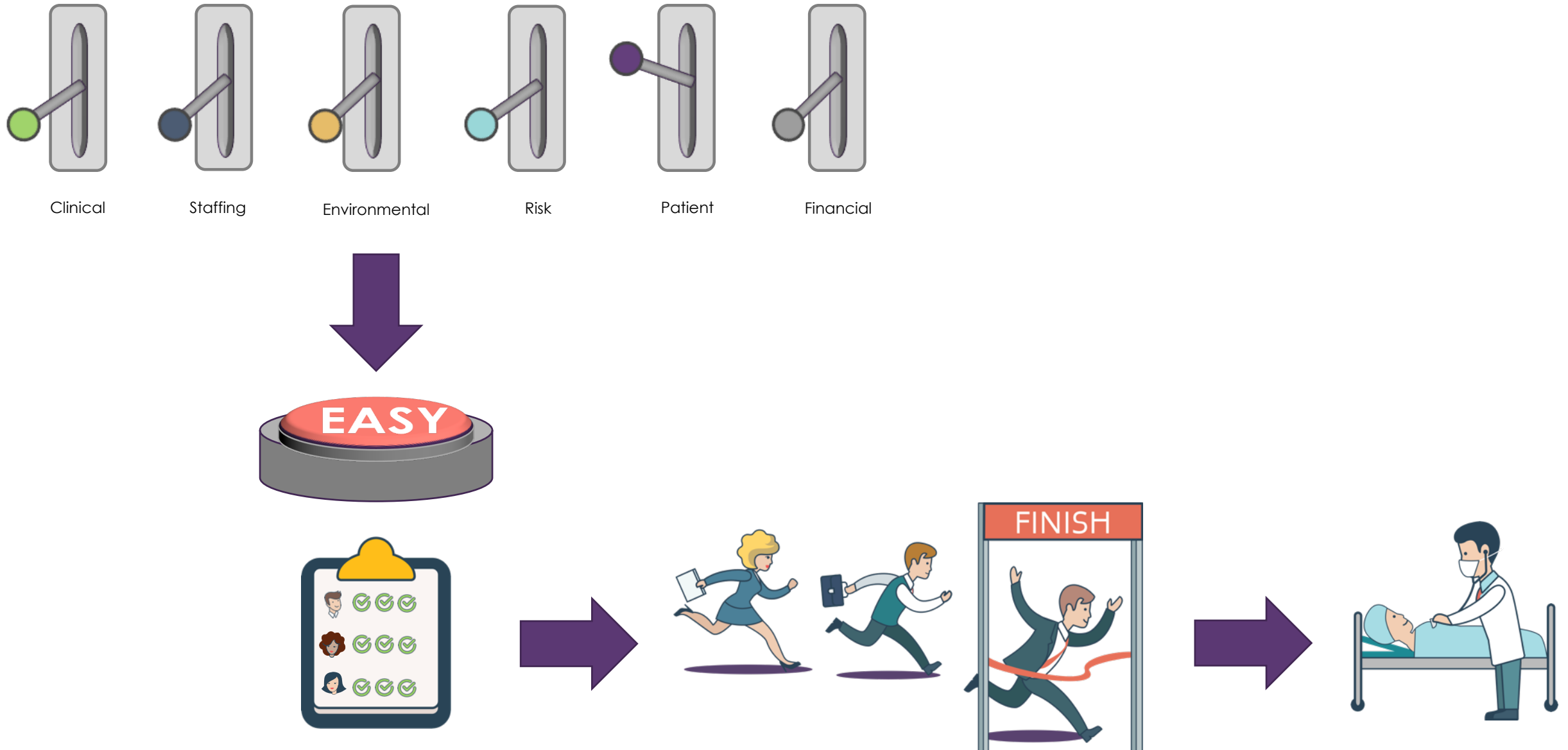


Patient



Financial

Prioritizing Patient Demand



Prioritizing Patient Demand



Facility Priorities

&



Patient Targets



3rd Party
Databases



CRM



Scheduling



Payer/Financial



EMR

DATA

+



Telehealth



Chatbot



Omni Comm



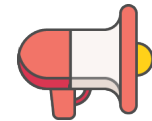
Risk Assessments



Advanced Agents



Content



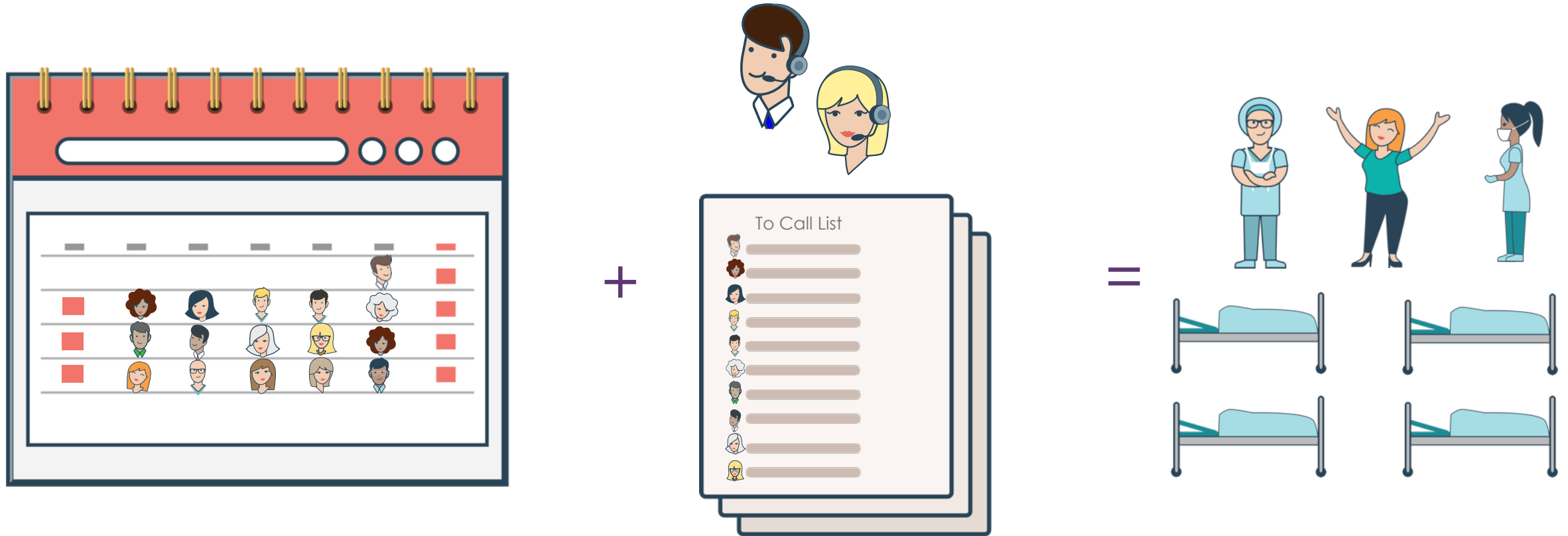
Agencies

TECHNOLOGY

PARTNERS

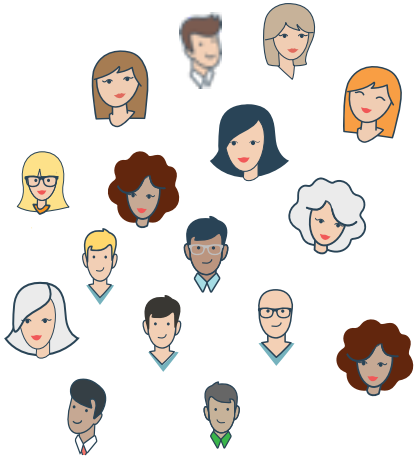
Prioritizing Patient Demand

Most organizations are starting with a First In, First Out prioritization. Rescheduling based on prior calendar sequence

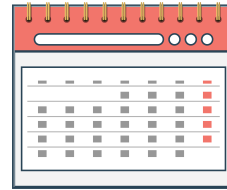


Prioritizing Patient Demand

First Contact to Evaluate Patient for Further Prioritization



Household Risk



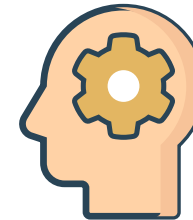
Scheduling Availability



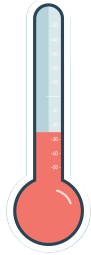
Financial & Payer



Contact &
Communication



Behavioral and
Motivation



Infection Risk



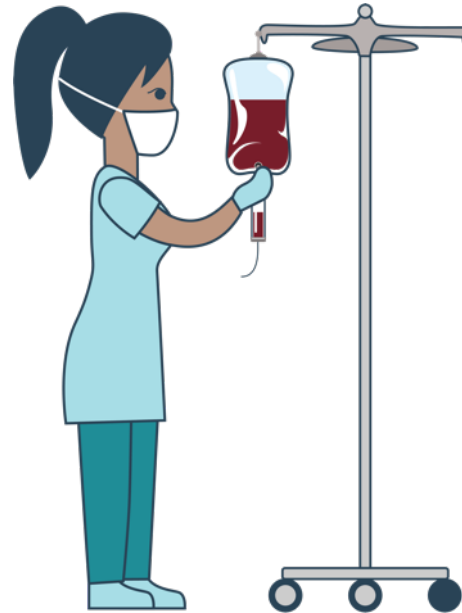
Health Status



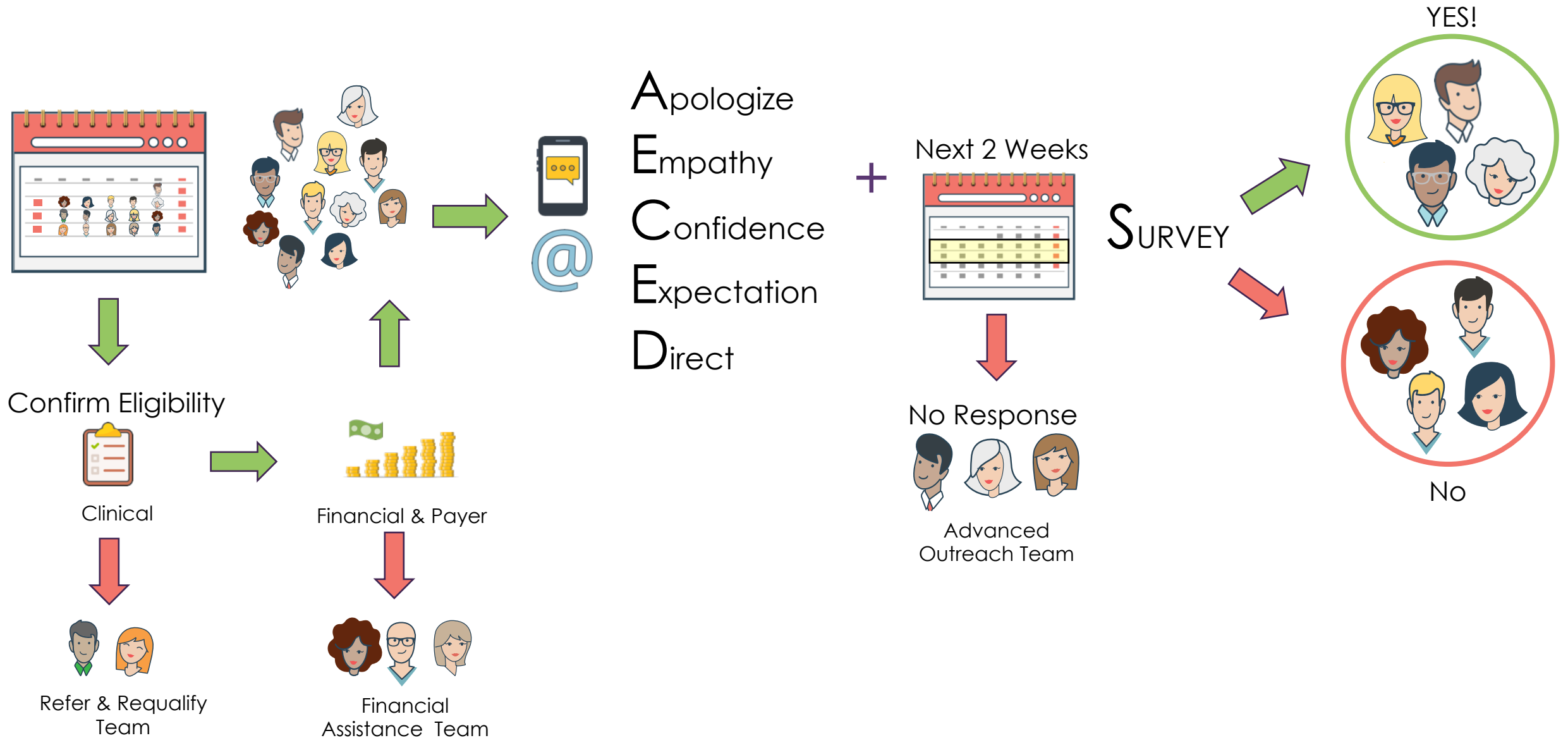
Technology Access

Prioritizing Patient Demand

Triage to Align Demand to Capacity While Managing Risk



Prioritizing Patient Demand



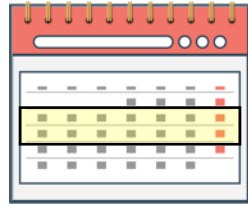
Prioritizing Patient Demand



Pending Procedure Management

Patient Conversion Barriers to Manage

Scheduled Outreach



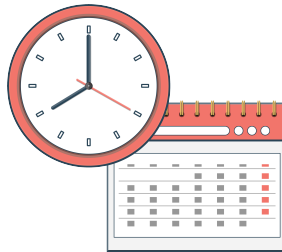
Clinical Clearance



Financial Status



Quality of Life



Personal Availability



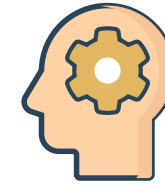
Communication Responsiveness



Household Risk



Mental Health



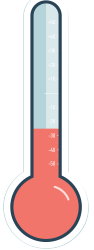
Motivation



Health Status



Technology Access



Infection Risk



Care Giver Availability



Employment Status

4 Types of Patient Motivation & Need



Sign me up, lets go!

Next 2 Weeks



Reassure me

Next 30 Days



Well, maybe...

Next 90 Days

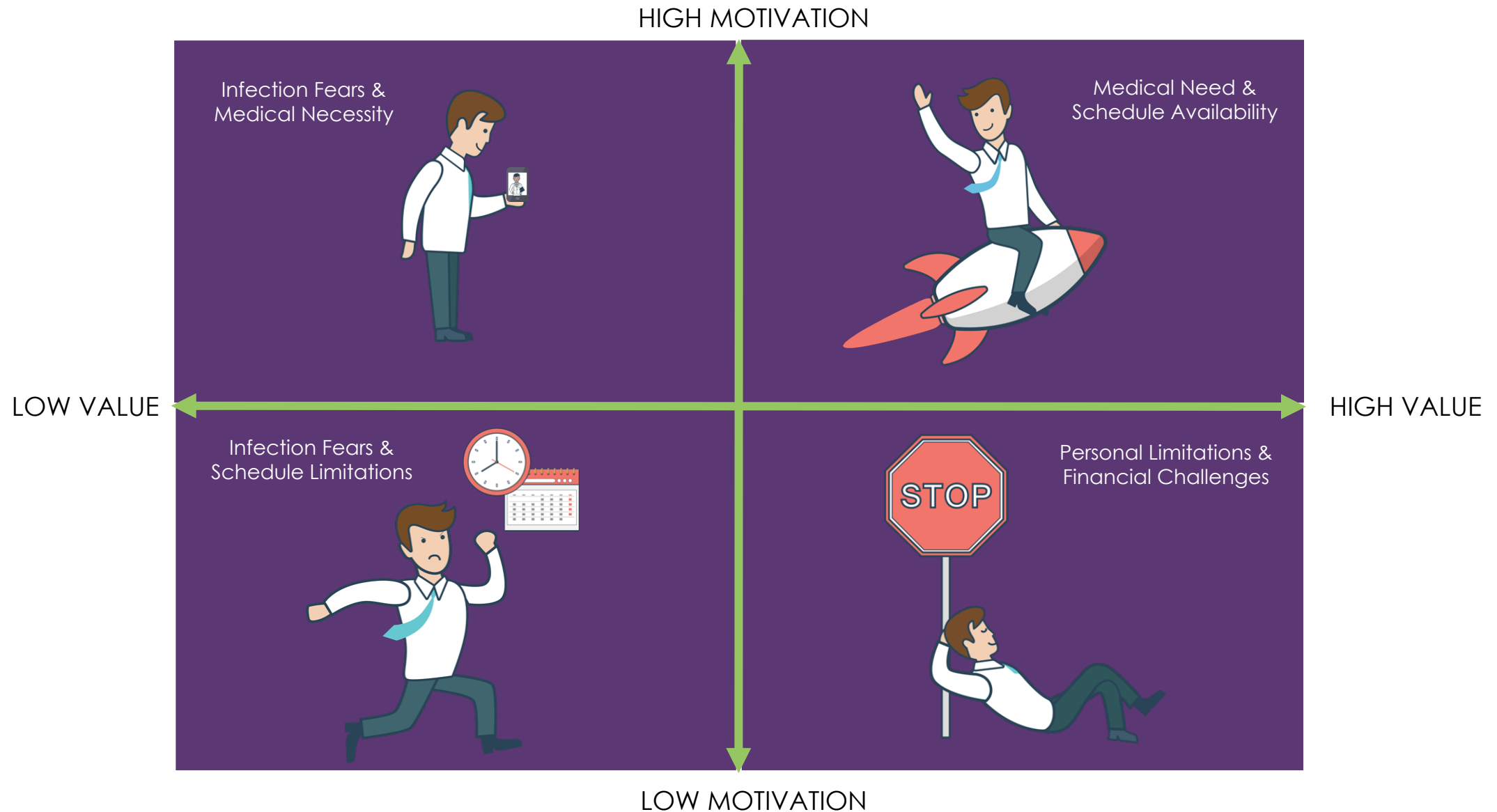


Nope, No Way, No How

Next 180 Days+

Majority of impactful volume comes from here

Pipeline Reactivation Experience



Pipeline Reactivation Motivation to Value

High Motivation- Low Value

- Reassure me
- Navigate me to self-serve options
- Promote alternative sites of care
- Outbound call when lapsed

Low Motivation - Low Value

- Build brand awareness and confidence in care
- General safety procedures
- Redirect to appropriate sites of care (Telemed, Non COVID-19 risk)

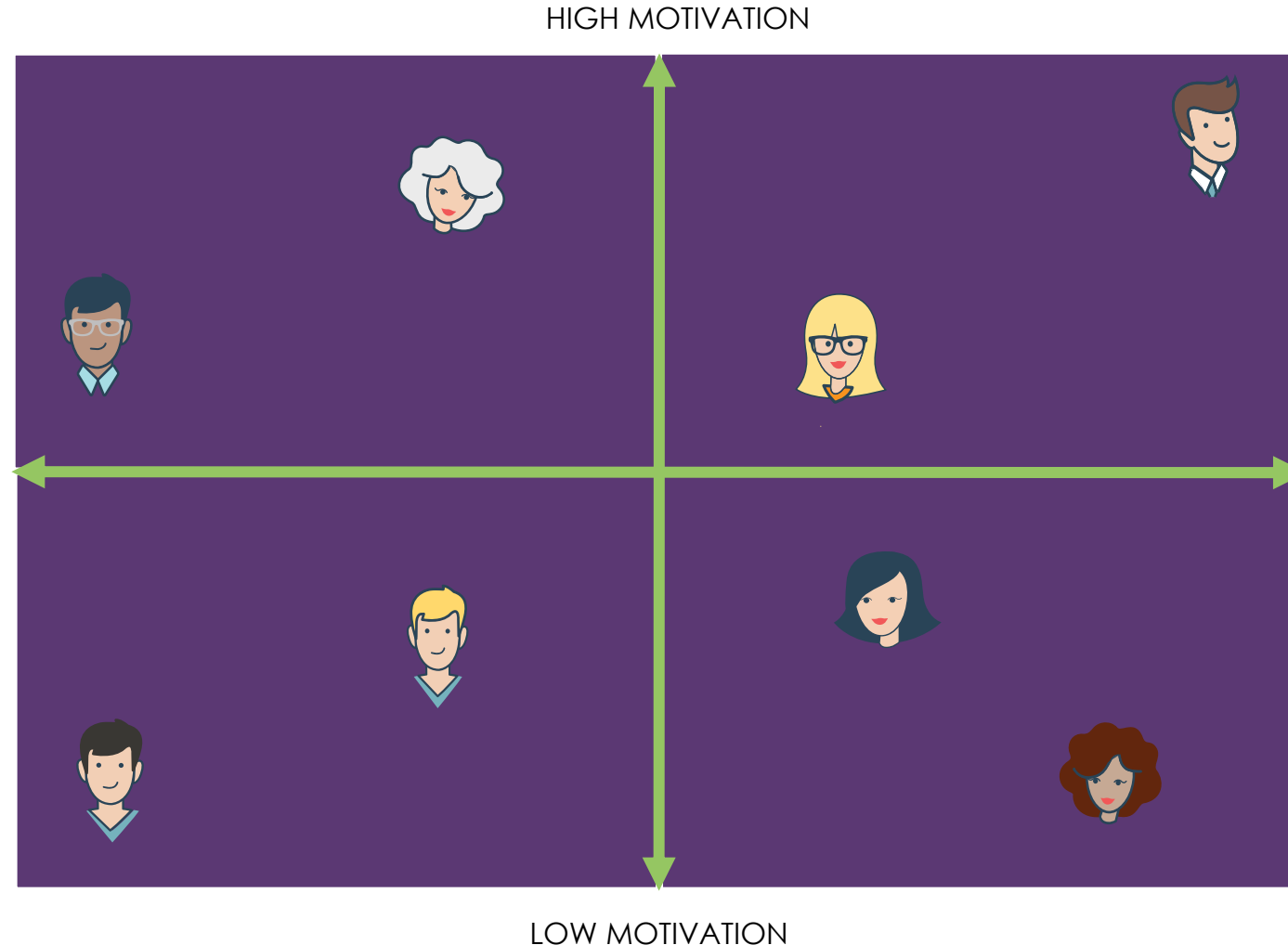
High Motivation -High Value

- Engagement & Personalized Service
- Rapid and direct communication procedure process
- Proactive management to remove barriers

HIGH VALUE

Low Motivation - High Value

- Nurture with semi personalized service
- Responsive to communication
- Proactive management to remove barriers



Pipeline Reactivation Motivation to Value

High Motivation - Low Value

- Email safety precautions
- Provider letter procedure info
- Telemedicine promotion
- Video with patient experience
- PR – News coverage on safety

Low Motivation - Low Value

- Risk Assessments
- Chat Bots
- Targeted ad – Trust, Safety, Awareness
- ER Redirect



Pipeline Reactivation Experience



Clinical Match



Schedule Options



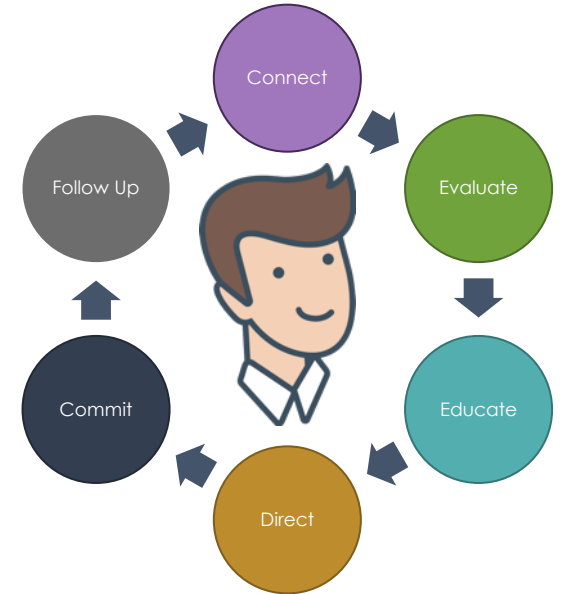
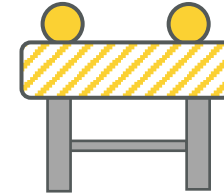
Outreach



Motivation



Risks & Concerns



Engage & Manage

Managing By Patient Motivation, Mindset & Workflow



Sign me up, lets go!

Next 2 Weeks

MOTIVATION

- Current pain, life altering condition or immediate schedule limitation
- Responsive to communication

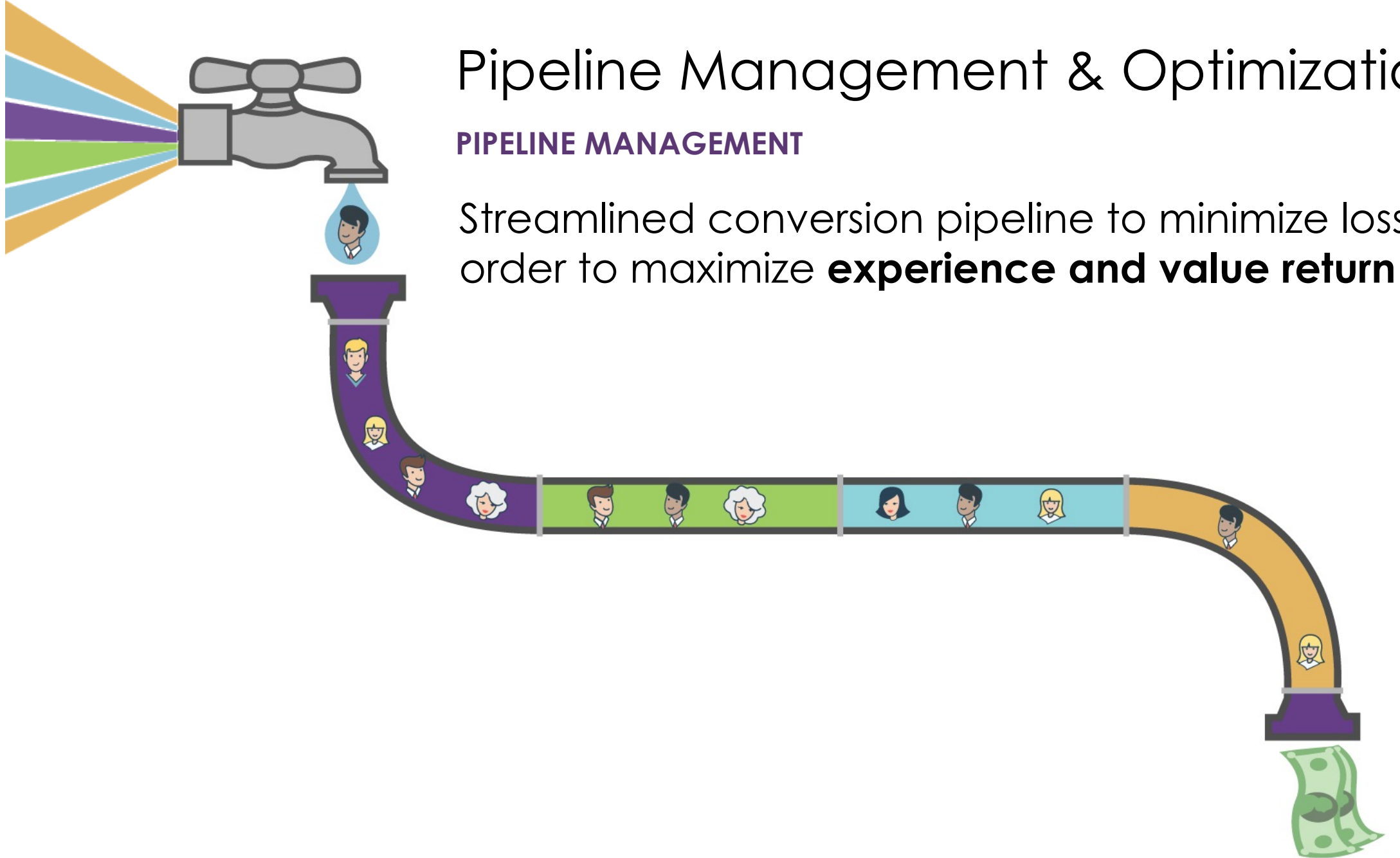
MINDSET

- Interested in safety but not highest concern
- Willing and able to accommodate scheduling even last minute

WORKFLOW

- **Connect** with me- Establish single point of contact at organization with relationship ownership with direct communication channels
- **Evaluate** me- Confirm financial qualification, clinical eligibility, and real time risk of infection/exposure at time of initial reengagement.
- **Educate** me – Provide timely procedure and information on how to prepare for procedure and minimize risk when first tentative date is set
- **Direct** me- Guide through process of pretesting, procedure, day of specifics, and finally when, where and who is caring for me 72 hours in advance and again 24 hours prior
- **Commit** to me- Consistent 1:1 communication to manage expectations as well as ensure ability and intent to proceed. Weekly and then daily week prior
- **Follow up** with me- Resolve any barriers, concerns or requests in a measured and timely manner. Monitor and resolve open items or resources requested on daily basis





Thank You!



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