

Three Factors to Consider in Developing High-Performing Ambulatory Care Networks

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Healthcare organizations are moving beyond opportunistic physician practice acquisition and medical office building development to a more proactive, systematic approach to care and service. To become an ambulatory care leader, an organization must address the following three key factors.

OPTIMAL SERVICE MIX AND CONFIGURATION

The organization should start by defining the ambulatory care service mix and configuration, or service portfolio, that summarizes the level and type of services to be provided at each of the network's sites. Service portfolio offerings can include different tiers:

- *Comprehensive services.* Prevention/wellness, primary, urgent, medical, surgical, rehabilitation; many services and specialties represented
- *Extensive services.* A wide breadth and depth of diagnostic, treatment, and disease/care management services in marquee programs (e.g., brain injury)
- *Limited services.* Low to moderate acuity and complex services available in a narrow service line, such as women's health or services for diabetics; advanced technologies and techniques



Once the service portfolio is defined, the organization should create the network design. One network might include a variety of modest, geographically distributed, on- and-off-campus, and highly-visible entry points, including employer and retail-based sites. Another might combine big-box, multispecialty care at high-demand locations (e.g., geographic centers, housing for the elderly), with niche sites and appropriate co-located ancillary services.

In planning individual sites as part of the network, the organization should assign a clear theme to each (e.g., men's health, heart and lungs, sports medicine). The theme helps maintain planning focus and vision on the unique needs of the population being served.

INNOVATIVE DELIVERY MODELS AND APPROACHES

New sites should enable innovative service approaches. Appointments can be structured with the needs of different types of patients in mind (e.g., low stimulation waiting areas for patients on the autism spectrum, physical clustering of services commonly used by the elderly during the course of a single visit). The use of physician-led multidisciplinary care teams will contribute to cost control and provide better management of chronic conditions.

A secure patient portal can allow computer-savvy patients to schedule appointments, obtain test results, and manage medications. Such a portal also can free staff to provide those same services to patients who do not have computer access, are not comfortable with computer-enabled communications, or have complex scheduling requests.

Sites also can include telehealth services, especially for patients in underserved areas.

CONSUMER ORIENTATION

Patients will be looking for service equivalent to a community-based primary care practice. Primary care visits should be available within one day, and specialty visits within one to two weeks. Hours should be tailored to the population that will be using each service site. For example, a site focused on working adults would make evening and possibly weekend appointments available. E-visit options may allow for more extensive availability of care. Staff should be formally trained in communications to ensure patients are fully informed about scheduling, visit follow-up requirements, medications, potential financial support, etc.

There should be free parking near the ground floor entrance and graphically facilitated wayfinding. Branding, color scheme, and approach to layout should be similar across sites promoting a consistent and positive brand experience that is further enhanced by the high-quality care provided.

Pricing for patients paying out of pocket should be below the market median, and strong efforts should be made to ensure inclusion in all payer networks. Competing on price and lowering consumer costs will allow health systems to compete with niche players, including urgent care centers and other retail clinics.

The proliferation of value-based payment will continue to elevate the role of ambulatory care. A high-performing and competitive ambulatory care network is critical for the success of any health system in the future. ●

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