VERALON

HEALTHCARE MANAGEMENT ADVISORS

5 Approaches to Creating Parallel Systems of Care During the Pandemic

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Though COVID-19 has absorbed the world's attention, hospitals must also effectively treat all of those patients who needed care before COVID-19 appeared. Many of these patients are deferring or skipping necessary care, often against their physician's advice, for fear of contracting COVID-19 at a healthcare provider.

Providers need to allay patient fears and establish effective workflows to treat all patients – an isolated environment for patients with COVID-19, alongside existing facilities which will continue to provide their full scope of services for those not infected. A variety of workflows are used to identify COVID-19 patients and transfer them to the specialized facilities.

There are at least five approaches for hospitals and health systems to create parallel systems of care. Where a particular approach has been used during this pandemic, publicly reported examples are identified.

1. **Among the members of a multi-hospital system in a community/region designate one acute care hospital as the COVID-19 provider and enable the others to retain all forms of clinical service.**

   Examples: Steward Health Care is dedicating Carney Hospital in Boston for COVID-19 care and has indicated an intent to replicate this model in other cities. Catholic Health is dedicating its St. Joseph Campus in Cheektowaga, NY. Cone Health is temporarily dedicating its Wesley Long Hospital in Greensboro, NC.

2. **Re-open a closed hospital and dedicate it to care of COVID-19 patients – may be enacted by a single hospital/system or among several unrelated hospitals jointly.**

Examples: CommonSpirit and Kaiser are jointly operating the former St. Vincent Medical Center in Los Angeles for COVID-19 patients, conducting related research, and in the process freeing the other local hospitals in each system to treat non-COVID-19 patients. The University of Maryland Medical System is re-opening Laurel Medical Center in Laurel, MD.

3. **For a single hospital, designate one floor / wing / tower as the COVID area with a discrete entrance for COVID patients and discrete clinical staff while the rest of the facility operates all other services.**

   Example: Temple University Hospital in Philadelphia dedicated one patient tower as well as temporary overflow capacity at a sports arena. Many hospitals are focusing the inpatient care in specific units.

4. **Convert a post-acute specialty hospital to be a COVID-19 dedicated site.**

   Examples: M Health Fairview's Bethesda Hospital (an LTACH in Saint Paul, MN) and PAM Specialty Hospital (an LTACH in Victoria, TX) were both converted to COVID-19 dedicated sites.

5. **Among several unrelated hospitals in a community agree that one will be the COVID provider and the other(s) will retain all services while sharing the clinical and financial responsibility for the COVID site.**

   No examples were identified.

In evaluating the benefit of establishing parallel systems of care, hospitals and health systems should:

- Consider whether patient confidence can be more effectively regained if parallel systems are established
- Evaluate scenarios of future COVID-19 demand to determine the size facility that can handle base level demand, and the options for flexing up capacity during future peaks
- Identify facility options that best fit your organization and community
- Proactively work with state regulators and payers to agree on the triggers, care protocols and reimbursement parameters
- Pre-establish arrangements with the parties involved to share the clinical and financial responsibility and benefits

Safely treating both COVID-19 patients and uninfected patients will build confidence that it is safe to receive care, improving the health of the vast majority of patients.