

Focus on Three Levers to Urgently Address Leakage

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Among the many unexpected effects of COVID-19 is the loss of the “normal” patient population coming through physician offices to address their health concerns and seeking procedures. This lost volume has heightened the urgency to effectively address “leakage.”

Research indicates that acquiring a new customer is anywhere from 5 to 25 times more expensive than retaining an existing one. Organizations should focus on three levers, within the new realities of COVID-19, to retain existing patients:

1. Rethink Access
2. Manage the Network
3. Align Performance and Incentives

These levers, whether managed through service lines or physician enterprise leadership, improve physician relationships and encourage patients to receive their entire course of care within the system.

RETHINK ACCESS

Patient access is often the most difficult but also the most important driver in reducing leakage. This includes all touchpoints from call-centers, to check-in processes, to pre-admission procedures and now all kinds of virtual care including telehealth, video services and online chat services.

As a strategy to reduce leakage and improve patient satisfaction, some specialty services and well-managed primary care groups invested in care coordination for their patients in order to assure smooth transitions across episodes and treatment plans. This approach has often been highly effective in alleviating anxiety in patients requiring diagnostics or care from multiple practitioners and thus supportive of network services and best place of service. Ideally, these services will also have a technologically supported virtual component that not only improves communication with patients but also communication between providers for referrals and patient management.



MANAGE THE NETWORK

It is essential to engage providers that are active and willing to transform their accessibility and clinical practice based on data and evidence. This is an opportune time to consider network transactions with likeminded independent physicians as they reassess their personal and professional needs. Newly affiliated and incumbent providers must agree to network management guidelines that support care coordination and utilization efforts, and which may require referral pattern changes. These changes may be much easier to pursue in the face of COVID-19 related challenges.

Providing upstream support to primary care providers and other in-network referral partners can reduce leakage and improve the appropriateness of specialty referrals. Patients typically come to the healthcare system when they are most vulnerable and in need of care and guidance. With the fear of COVID-19 infection deterring patients from seeking care, a well-coordinated care model is even more important to ensure patients get the care they need. Effective service line structures organize the care for patients so they don't have to organize it for themselves, thus lowering the barriers to earlier access.

ALIGN PERFORMANCE AND INCENTIVES

Leakage can be both the patient's voluntary behavior of seeking the path of least resistance or their preference. Leakage may also reflect a practitioner deliberately referring out of the system. Behavior changes, especially related to referral patterns, are among the most difficult to affect. Performance measurement that is accepted as both accurate and actionable is key to engaging physicians and leaders to reduce this leakage and improve network performance. Network leaders must first establish Key Performance Indicators and align incentives, then communicate these changes in a clear and concise manner, and finally, help providers develop improvement action plans.

If these levers are effectively pulled, you can achieve enterprise performance and success that extends beyond COVID-19. ●