

Preparing for the Post-COVID-19 Health Care Landscape: A SHSMD Resource Digest



Please note that resources provided are to prompt new thinking and strategic considerations and do not necessarily reflect the views of SHSMD or the American Hospital Association.

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As hospitals and health systems lead the way through the pandemic, strategists are keeping their eye on next steps and building their readiness for the new normal with its challenges and opportunities. As organizations solve for the future, the following resources provide insights into the new landscape. What comes next is difficult to predict, but the following considerations are presented to help organizations reimagine how their business and services might reemerge or evolve in the short- and long-term recovery from COVID-19.

Comprehensive and innovative strategic plans developed prior to the pandemic may have been put on hold during the immediate crisis. Strategic leaders will soon consider which parts of their plans should be accelerated, which should be paused or removed and what new strategies should be put in place.

[Scenario planning approaches](#) and impact analyses may also be quite useful at this time. For example, it's reasonable to surmise that health care will continue to be delivered in virtual formats in situations where it is clinically appropriate and beneficial to do so.



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Questions to Consider

To begin reshaping your plans, consider these key questions:

Restarting Non-emergent Care

- What do you [need to consider](#) as [we map out a return to non-emergent care](#)?
- Given the [financial challenges](#) faced by hospitals and health systems as a result of COVID, which services are most crucial to prepare to restart and what will their delivery challenges be?
- How might these services be operationalized in new ways to manage the potential for high volumes due to backlogs?
- What new clinical challenges will COVID-19 create, based on what's known about the condition?
- How might care delivery shift and what are the implications of that from a financial, clinical and operational perspective?
- How will hospitals handle the mental health needs of their own workforce/clinicians while simultaneously meeting [the demand for mental health services](#) of the community?
- How can hospitals best communicate how they are protecting non-COVID patients from infection and the necessity of seeking [immediate help for non-COVID emergencies](#)?
- Will severity of illness on presentation be more severe due to delays in seeking non-COVID-19 care, and how will organizations best prepare for the resulting increased acuity?

Financial Navigation

- What is the impact on the uninsured and underinsured populations?
- How can hospitals anticipate and adapt to likely cuts in funding, especially from the states and Medicaid?
- How should you plan for a potential rise in uncompensated care due to job losses? How can you encourage patients to use appropriate level of care for their needs?
- Do you have a process for applying for supplemental government funding when available? Are you engaged with advocacy efforts with your state and national hospital associations?
- How can your organization provide additional support to individuals needing assistance with financial navigation?
- How do you communicate with patients who have lost their jobs and insurance about the need for ongoing health care and the availability of financial assistance?

Public Perceptions of Hospitals and Health Care

- What is the current public perception of your health system and how might this influence care-seeking behaviors?
- Will the public embrace virtual care after the crisis is over and how do you leverage that potential?
- What has been the impact of the crisis on perceived disruptors such as CVS, Walgreens and others?
- How can you reinforce the positive perceptions of hospitals response to the pandemic?
- How can you act now to increase transparency and value, to be ready when those issues return to the forefront?

Virtual Care and Telehealth

- What can you learn from expansion of telehealth and virtual care? What worked, what didn't and what should you change?
- What will reimbursement look like for virtual care? What should it look like?
- What are the new expectations in your community and your clinical teams?
- What barriers are there in your community to telehealth and virtual care?
- How can you market telehealth and virtual care to different segments of consumers?
- What are the obstacles to health equity and access to care that telehealth and virtual care can address?
- How can you advocate to maintain (as desired) the loosened restrictions put in place during the COVID-19 crisis?

Overall Questions

- What [are the opportunities](#) emerging in this crisis, including population health, collaborations and business development?
- Where and how did your organization demonstrate nimbleness, improvisation, collaboration and innovation? How can you strengthen those capabilities?
- What other lessons emerged? How can you capture what you learned and add it to your organizational body of knowledge?
- How did different departments and teams create opportunities to collaborate? How can you continue that spirit of erasing boundaries of business?
- [The AHA has curated models around COVID-19](#). How can you use models like these or other analytics solutions to help plan for financial and clinical recovery?
- What organizations in your community have demonstrated an interest in the public well-being? How can you develop, maintain or deepen your relationship with these organizations?
- What are the new revenue or business development opportunities for your organization?
- Where can you engage further in primary care, wellness or care outside the hospital?
- Based on the economic recovery planning phase in your region, how is the health system supporting businesses and individuals as they re-open and apply safe health practices?



Understanding Time Frames

Knowing where your organization and community is on this path from COVID-19 response and recovery will help you strategize for the present and prepare for the future.

In all likelihood, there will be markets where COVID-19 response and recovery will ebb and flow over the months ahead, requiring strategists to be vigilant for change and able to pivot in response. There are several models that predict the spread of COVID-19 on a regional or local basis, as reported by the AHA in its [Compendium of Models that Predict the Spread of COVID-19](#). As each community varies, you can customize or weigh the data based on your local circumstances.

The White House's [guidelines for normalization](#) are also predicated on the availability of data before proceeding from one phase to the next. CMS issued [updated guidance](#) on April 20, 2020, on reopening. In addition, the American Enterprise Institute [shared a report on the road map to reopening](#) the U.S. economy, noting the required steps (e.g., continued physical distancing, vaccine) before proceeding to each new phase.

Others have shared opinions about the phases of impact, such as this illustration by Victor Tseng, M.D., a pulmonary and critical care physician-scientist out of Atlanta. [He popularized on Twitter four waves](#) of impact, each creating its own challenges. [Delays in receiving elective procedures](#), while not life-threatening, still affect health and well-being, and patients with chronic conditions like diabetes who are unable or unwilling to visit a health care setting or do not have access to telehealth [may also experience negative outcomes](#). The results may put pressure on health systems even after COVID-19 is under control, especially if more patients are uninsured or insurance doesn't cover the cost of care.

Morningstar, the financial analysis company, [shared their take](#) on the financial implications and time frame for economic recovery, noting that many of the variables are still unclear. They anticipate that as the states and major cities reopen their economies there will be smaller, regional waves of outbreaks as officials fine-tune the balance between containing the virus and returning to more normal activity and employment. Their models explore different outcomes based on the availability of treatment.

Bill Gates, in an article about the [medical breakthroughs that he believes the pandemic will create](#), reminded readers that the pandemic will be a long haul. He compared the present of late April 2020 to November 10, 1942, after Britain had won the first land victory of the war. Winston Churchill declared, "This is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."



Expansion of Virtual Care and Digital Engagement

The expansion of telemedicine in response to the pandemic has precipitated immediate exponential change in health care delivery. Widespread telehealth usage is likely to expand if payers develop [further flexibilities](#) for reimbursement. In addition, there are opportunities to expand behavioral health through virtual outreach to those who might avoid care because of stigma or concerns about safety.

There likely will be a market push to keep the expanded access, and health care organizations will foster new and innovative ways to use telemedicine services under new guidelines. Since the expansion of telemedicine has been so rapid, especially for a market often stalled by regulations and deliberative processes, many organizations will need to accelerate their foray into this new technology or risk losing market share that in the past was protected by geography and distance.

Tom Barnett, CIO of the University of Rochester Medical Center in New York, [anticipates telehealth value will become even more of a priority](#) for hospitals and health systems. In addition to more telehealth adoption, Barnett anticipates that health systems and Silicon Valley will intensify their interest in partnering to expand telehealth and new, virtual services. For example, SAS and the Cleveland Clinic [partnered on developing predictive models](#) for enterprise resource planning and made the models available to the public. Mayo Clinic, Intermountain, Amazon, MITRE and Epic, among many other partners, are [collaborating to increase testing and accelerate](#) the development of treatment and a vaccine.

Steve Lawler, president of the North Carolina Healthcare Association, anticipates that [consumer use of health apps that connect consumers to health care will grow](#) and that rural hospitals are likely to take advantage of available options for remote access to specialist care. A survey of consumer behavior showed that [four out of five telehealth users](#) were satisfied with the experience.

Adventist Health in Roseville, California, is [opening its first virtual “hospital” on May 11, 2020](#). These remote services can serve up to 150 patients. The patients will stay in their homes, and clinicians will use [video, in-person visits and remote monitoring](#) to provide care. Atrium Health in Charlotte, North Carolina, [credited their “team of teams” and “service first” culture](#) with giving them the agility they needed to respond nimbly and dramatically increase their virtual care capabilities and capacity. They also intensified their attention to social determinants of health and see opportunities in increased focus on health inequities.

Other technology solutions employed during the pandemic should be embraced and fortified. Some hospitals in Boston are exploring options for [using robots to perform routine services for patients](#), such as delivering medications, to reduce human exposure to the virus, while some hospitals in China are already delivering some services with robots. Organizations need to consider what the new hybrid (virtual plus in-person) model of care will look like and examine which services when delivered virtually are safe, efficacious, with high patient and provider satisfaction and hopefully delivered at a lower cost.

Many hospitals and health systems are using [chatbots for COVID-19 symptom checking](#) and triage. Providence St. Joseph incorporated chatbots [into its digital response](#), which included

symptom checking, virtual triage, testing and home monitoring. It even provides a chatbot for those who have recovered to [inquire about donating plasma](#). While most of these chatbots were designed specifically for COVID-19, experts from the World Economic Forum [anticipate that health care providers will increase](#) chatbot use in general. However, without expanding access for underserved demographic groups, the new focus on telehealth could end up increasing health disparities.

Until a vaccine or fuller treatment options are in wide circulation, there will continue to be prohibitions against communal gatherings and/or strict requirements about physical distancing. These will force hospitals and health systems to provide health education and prevention using different mechanisms. Hospitals and health systems may need to adapt marketing, communications and health education that were based on in-person gatherings. For example, community health fairs or healthy lifestyle education such as cooking classes might need to go entirely online.

Spectrum Health in Grand Rapids, Michigan, is [offering free prenatal yoga online](#) and a full range of wellness cooking classes. South Shore Hospital in South Weymouth, Massachusetts, encourages soon-to-be parents to [download its pregnancy app](#) with videos and other informational material and links to online pregnancy and parenting classes that it recommends. Munson Healthcare in Traverse City, Michigan, [provides advice on working out at home](#) and recommends some free online exercise classes.

The Brookings Institute anticipates that working from home [will become more common](#). A Gartner survey of [CFOs showed that many plan](#) to increase telecommuting on a permanent basis. With this type of plan, hospitals and health systems also are evaluating their real estate needs, including decreasing the size of their brick-and-mortar footprints for non-clinical and administrative functions in favor of increasing clinical spaces. Some hospitals and health systems are considering shedding real estate assets and leases in favor of just-in-time space. This may also affect previously planned mergers and acquisitions.

Recovery Period Demand Modeling and Capacity Planning

The recovery period will require comprehensive planning integrated across multiple disciplines, including clinical, strategy, operations, finance, marketing, communications and facilities.

Because hospitals have cancelled or postponed elective surgeries due to COVID-19, they anticipate a surge in volume once they regain the capacity to provide these services. Jeffrey Kraut, executive vice president for strategy and analytics, Northwell Health, and associate dean for strategy, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, said that [Northwell will be running its surgery center seven days a week](#) once that capacity is restored. However, some hospitals and health systems plan a more conservative return to elective procedures, given the strain on the workforce due to COVID-19 and/or forecasts of a slower demand as patients worried about safety and/or costs continue to postpone treatment.

Non-COVID-19 patients who have delayed medical care will need treatment, and some of these delays may mean increased severity of illness on presentation. Acuity levels must be assessed



and addressed. Special communication efforts may be required to re-engage individuals who are apprehensive about coming to the hospital.

According to a mid-April Gallup poll, 68 percent of Americans ages between 18 and 44 say that they can maintain physical distancing “for as long as is necessary” [without their physical health suffering](#). However, 15 percent said that their mental/emotional health is already suffering, and 18 percent said that they expected their mental/emotional health to suffer within a few more weeks. Only 48 percent said that their mental/emotional health would hold “for as long as is necessary.” Older Americans were more likely to say that they could maintain distancing without a negative impact on their physical, financial or emotional health; only five percent said that their mental/emotional health was already suffering.

Some state and federal government requirements have been changed temporarily due to COVID-19, allowing hospitals and health systems to use alternative sites of care, additional beds above their licensed capacity and other solutions. Restoring facilities to normal or expanded use – or creating new spaces for health care delivery – requires planning with facility management teams who can work through the variety of logistical issues associated with this work. Among other work, facility teams should ensure that physical environment compliance requirements are met and should manage inspection, testing and maintenance work that may have been deferred during the pandemic. ASHE has [a consolidated list of resources on facility management and COVID-19](#).

Keep in mind that some patients with conditions other than COVID-19 could potentially be treated effectively at home, a decision that may be influenced by their concerns about being in a hospital or long-term care facility. Hospital in the home concepts should be explored.

Some recovering COVID-19 patients [may also require post-acute care](#), a factor to consider in capacity planning for subacute environments. Even so, if recovering COVID-19 patients are potentially infectious, they may need care outside the home in new environments that support isolation.

Health Care Reimagined

Stephen Klasko, M.D., the president and CEO of Jefferson Health in Philadelphia, [described the pandemic](#) as “health care’s Amazon moment,” which changed providers and payers alike. “The COVID-19 crisis can accelerate a disruption in how health care is delivered, paid for and perceived that would have happened anyway, albeit more slowly.” Telehealth and care outside the hospital will be the new normal as consumers will expect to receive care at home. Hospitals and payers will need to collaborate to create a viable infrastructure for telehealth that will be accessible to all. If successful, this infrastructure has the potential to help reduce access disparities. Klasko also anticipates widespread monitoring of population level health data (such as temperature or heart rate) and artificial intelligence applications to identify potential infectious disease breakouts, greatly reducing the scope and effect of highly infectious diseases. Aside from telehealth, hospitals and health systems are also reconsidering their approaches to care outside the hospital setting, such as home visits, hospice and palliative care, and prescriptions by mail.



Engineers, architects and designers are [also looking at the way hospitals are designed](#) and built to find ways to expand capacity when needed. Ideally, these designs would be flexible, expanding hospital capacity when needed and contracting when conditions are back to normal. Designers are also examining opportunities to incorporate touch-free controls, reduce the use of curtains and blinds that are difficult to clean and install microbe-resistant surfaces such as copper. Similarly, organizations are looking at [ways to make office buildings safer to return to and healthier](#) in general.

Maintaining an extensive inventory of supplies for emergencies is more expensive than the “just-in-time” (JIT) approach to the supply chain and, represents a separate purpose over the day to day operational function JIT inventory serves. When establishing a surge or emergency inventory, the first question is whether the facility has existing space it can utilize. If not, outside warehouse space that can be environmentally controlled to limit humidity levels and heat/cold extremes will be needed. Establishing the appropriate mix of supplies and on-hand quantities comes next along with the additional capital required to purchase this inventory. Lastly, active expiration date and inventory management principles, applied to operational inventory, will need to be applied to the surge inventory as well. Smaller or safety net hospitals may not be able to afford this readiness without financial support. Going forward, hospitals should continue to monitor for any related requirements and guidelines from federal and state government entities, whether temporary or permanent, advises Mike Schiller, CMRP, Senior Director of Supply Chain at the American Hospital Association.

Alternative solutions include the development of essential product category lists, establishment of, or maintenance of alternative products lists, and how changes in use of one supply may increase the need for other supplies. These lists should be developed in collaboration with supply chain, clinician and physician leaders.

Lastly, any [return to “normal” operations](#) must include evaluation of supply chain dependencies including how many of each type of procedure can be performed based upon the availability of PPE, linens, medical-surgical supplies, implants, instruments, equipment, pharmaceuticals and infection control resources. Supply chain professionals should consult with their vendors and distributors to ensure they have adequate capacity and inventory to meet expanding demand given the anticipated restrictions that COVID-19 will continue to have on both manufacturing and transportation capacity.

In response to COVID-19, many organizations have created COVID-19+/PUI psychiatric units, areas where those in need of psychiatric and substance use disorder treatment who also had COVID-19 could receive needed physical and behavioral health treatment. Organizations could use their experience during COVID-19 to further the integration of physical and behavioral health throughout inpatient settings as well as continuing to explore new approaches that address health issues before inpatient treatment is needed.



As the region begins to reopen the economy, health systems can consider working with employers and other community organizations to accentuate their role in wellness and health. For example, [OneMedical Group is offering “back to work” physicals](#) and strengthening partnerships with employers.

In New York state, Governor Cuomo invited Eric Schmidt, former chief executive of Google, and Michael Dowling, chief executive of Northwell Health, among others, to [work on a commission to “reimagine” the state](#) after COVID-19.

Social Determinants of Health

Throughout the crisis, hospitals and health systems have increased their attention to social determinants of health (SDOH) to help prevent spread, bend the curve and minimize the impact on the most vulnerable. The AHA has released a toolkit that examines the impact of social determinants and [shares ideas and case examples](#) to help hospitals address ongoing social needs. During the long economic recovery, these efforts will remain vital.

The Wellbeing Trust has published nine different [scenarios concerning “deaths of despair,”](#) with the lowest forecasting approximately 28,000 additional deaths and the highest count at approximately 154,000.

Southern Humboldt Community Healthcare District (SoHum Health) in Garberville, California, [went into action very early in the COVID-19 crisis](#) to ensure that vulnerable older residents could safely shelter in place. They mobilized the Humboldt County Department of Health, Office of Emergency Services, Chamber of Commerce, local banks, fire districts, service groups such as Rotary International and others to provide for the residents’ needs.

CommonSpirit Health, headquartered in Chicago, [provided free telephone consultations on COVID-19 symptoms](#) with a physician as a strategic part of health equity. Rosalyn Carpenter, chief diversity officer, outlined this as part of their strategy to build trust in underserved communities.

This increased focus on SDOH will likely continue as COVID-19 illuminates existing disparities to the broader public. The [Advisory Board identified](#) four main areas for concern:

1. Housing instability, especially among those living paycheck to paycheck.
2. Food insecurity, especially as WIC-designated items run low on stock.
3. Social isolation.
4. Race and ethnicity.

While employment will pick up as non-essential businesses resume, until the economy more fully recovers, many more Americans than usual [will likely rely on key social services such as food banks](#). At the same time, restaurants, catering services and grocery stores may be less able to donate food than before.

Areas that routinely suffer from potentially dangerous heat waves during the summer often open cooling centers, and some communities have accessible indoor shopping centers, public



libraries or other areas where vulnerable residents can go. However, it [may not be possible to maintain recommended physical distancing](#) in these locations, and other approaches may be necessary.

The AHA, in collaboration with Socially Determined, will release an interactive map to assist strategic planners in identifying the areas that are most susceptible. Some of the factors that the index looks at are population and household density, employment status, and underlying chronic conditions.

As hospitals look to return to full operations, testing and supporting prevention of future outbreaks will be extremely important. This, too, is an opportunity for collaboration with community organizations to educate and reach all communities, especially those most at risk.

Financial Challenges

COVID-19 has created historic [financial challenges](#) for hospitals and health systems, with an estimated \$202.6 billion in losses between March and June 2020. Moody's Investors Services anticipates that [payers will withstand the impact](#), but both Moody's and Fitch Ratings [downgraded nonprofit hospitals](#) to a negative outlook because of COVID-19. Hospitals are experiencing both a surge in expenses with COVID-19 and major declines in revenue from elective and postponable services. In addition, uncompensated care is likely to increase due to job losses. Smaller, independent, rural and [critical access hospitals are most at risk](#).

According to [a report from Kaufmann Hall](#), the median hospital EBITDA (earnings before interest, taxes, depreciation and amortization) fell by more than 100 percent in March 2020. The causes include:

- Postponement of elective procedures by hospitals to create capacity to treat COVID-19.
- Individuals cancelling appointments because of concerns of either contracting or transmitting COVID-19.
- Lower occupancy rates among hospitals reserving capacity to treat COVID-19.
- Increased rates of bad debt and charity write-offs.
- Higher expenses for personnel and equipment.

According to an analysis by Guidehouse, approximately 350 rural hospitals, mostly in the southern United States, [are at risk of closure](#). These hospitals represent one-fourth of all rural hospitals. The analysis was performed before COVID-19 emerged, but the analysts anticipate that the pandemic will worsen the financial outlook for rural hospitals.

The American Hospital Association shaped the [expert advice during the creation of the Coronavirus Aid, Relief, and Economic Security Act's CARES Act](#) and has advocated for more flexibility in reimbursement as well as waiving or [dramatically reducing the interest rate](#) on advanced or accelerated payments from CMS.

Hospitals and health systems will seek out opportunities to reduce expenses and achieve operational efficiencies while seeking reimbursement for COVID-19 treatment, which requires a



high level of documentation. Many have [furloughed or even laid off workers](#) or [reduced executive salaries](#). [Approximately 43,000 health care staff](#) were laid off during March 2020, mostly those engaged in elective care. While many hospitals hope to rehire staff once they resume elective procedures, this still will present potential disruption to organizational cultures and teams. Other approaches include pausing or freezing capital expenditures, consulting expenses, new hires and professional development funding.

If the economy takes a sustained downturn, American consumers [may limit their use of health care, as they did between 2009 and 2011](#), the aftermath of the housing bubble. Primary care providers have seen [significant drops in visits](#), and this may lead to independent physician offices closing and interrupt the pipeline to specialists and hospitals. Hospitals and health systems may need to support primary care in new ways or reconsider the structure of primary care, urgent care and chronic care.

Workforce Impact

Hospitals and health systems [that experienced staff shortages](#) may explore [opportunities to cross-train staff](#) in advance on functions related to coronavirus response to strengthen their ability to address future epidemic or pandemic conditions. However, this can be controversial when it leads to staff performing to their license maximum or expanding licenses.

Some health care experts are [calling for more public health workers](#), especially for [rural areas](#). At the same time, many organizations have instituted hiring freezes for non-clinical staff and many have instituted layoffs or furloughs.

Facilities should be [prepared to address](#) the psychiatric and substance use disorders (commonly referred to as behavioral health disorders) of all their employees. Additionally, if a facility had to implement furloughs and layoffs, a unique approach to address the behavioral health needs of these individuals may be necessary.

Scope of practice laws may expand, especially in the hardest-hit states where nurse practitioners, physician assistants and others were working at the top of their licenses. States may be under pressure to make temporary expansions permanent.

With continued expansion of telehealth post-COVID-19, those with experience in the telemedicine space, whether as innovators or operationally, will soon be highly desired recruits for most organizations. The field of telemedicine will likely produce expanded services and thus new roles that the market hasn't thought of yet.

The COVID-19 crisis has produced a number of temporary employee benefit changes, some of which have been gaining traction in the past few years, like paid leave of absence and hazard pay. The Families First Corona Virus Response Act (FFCRA) allows paid time away for employees diagnosed or taking care of family members with COVID-19. The Act is set to expire December 31, 2020, and is currently written to exclude larger employers and those in health care.



Workforce Well-being

The need for resiliency support and behavioral health care will likely [increase among the health care workforce](#), as those on the front line of care are especially vulnerable to stress and even PTSD. The Veterans Administration has [shared guidelines for helping health care workers](#) deal with stress during and after the COVID-19 crisis. The C-Suite needs to understand the [phases of disaster response](#) their employees may go through and equip leaders to identify behavioral health needs in staff before they become critical.

Based on literature reviews, [researchers anticipate significant increases in behavioral health issues](#), including depression, substance use disorders and domestic violence. Health care workers are [subject to unique stressors](#) that can result in negative mental health outcomes.

A literature review in *Lancet* of the impact of quarantine in previous epidemics, especially SARS and Ebola, showed that the [psychological negative impact can be long-lasting](#), though open and consistent communication and appeals to altruism can help.

The AHA has developed a [collection of resources](#) for coping with stress during COVID-19.

Marketing and Communication Strategies

COVID-19 has created pervasive fear among the U.S. public. Americans are worried about their own health or the health of loved ones and about the cost of health care if they need treatment. Approximately [half of lower-income households](#) in America have lost jobs or wages during COVID-19. Social isolation can [make people feel stressed and lonely](#). Hospitals and health systems need to address the most basic concerns and need to make [consumers feel more comfortable and safer](#) if they are to build engagement with consumers.

While this is a perhaps unequalled opportunity for hospitals and health systems to build trust and engagement, communication that lacks empathy, comes across as tone-deaf or seems to exploit fear can build lasting negative impressions. Instead, marketers need to [balance optimism and sensitivity](#).

As early as the end of March 2020, [nine out of ten marketers](#) had changed their marketing materials in response to COVID-19 and planned to continue doing so. Almost half of those who changed materials said the changes were “substantial,” and only 12 percent said the changes were “minimal.” Some of the longer-term plans included showing empathy for the situation, removing content that could be perceived as inappropriate, being more comforting rather than promotional and adapting to emerging consumer needs.

Communicators must be attuned to the overall mood of the community and [shape the tenor of their communications](#) appropriately. They need to help the public overcome apprehension of seeking out care and build on general positive perceptions of health care workers and providers. Virtually all hospitals and health systems temporarily shelved their existing marketing plans, goals and schedules in order to respond to COVID-19. These plans will need to be revisited and revised regularly as [local situations change](#). Even [imagery will need to change](#), avoiding pictures of crowds or of handshakes, for example.



Hospitals and health systems will need to communicate to their internal and external stakeholders how their plans and strategies have changed. Marketers and media relations professionals will need to inform the community about expanded or reopened services, continued protective measures and encouragement to participate in population health initiatives.

Determining how to start marketing services again will call for very close collaboration with clinical teams and volume planners to ensure that the marketing reaches enough patients that the hospital doesn't waste capacity, but not so many that patients would be deterred by long waits for care.

Marketers will need to understand how their local [consumers have or have not changed behavior](#) in the long term. For example, have patients developed a preference for telehealth visits over in-person visits? If so, which ones?

Conclusion: Finding Opportunities

Opportunities for innovation and new care and business models are emerging from this crisis. Geisinger's Steele Institute for Healthcare Innovation is [already identifying opportunities](#) for apps for screening and increasing their capacities for virtual care. [Houston Methodist adapted a virtual ICU](#) for the needs of COVID-19 patients. Penn Medicine developed and deployed [new ways to provide care outside of clinical spaces](#) for patients with COPD and with cancer to reduce their potential exposure to COVID-19.

Planners may be able to seize the opportunity to [develop or enhance digital solutions](#), such as telehealth and digital front doors. When Partners Healthcare in Boston opened a telephone hotline to answer community questions about COVID-19 and direct those with symptoms to the appropriate level of care, it was rapidly overwhelmed by the volume of calls. [They pivoted to developing a bot](#) that was able to handle the traffic and deliver answers.

Hospitals and health systems have the opportunity to win and hold consumer loyalty when they demonstrate both ethics and competence, [the two elements of trust](#). Similarly, their ethical leadership [can instill pride in their workers](#), which also builds loyalty. Communications and marketing professionals can adapt their existing strategies to increase engagement. Physicians, for example, can continue to [communicate digitally](#), building on the relationships they developed with their audiences.

Hospitals and health systems can also benefit their communities through active engagement as health partners, developing formal organizational collaborations as well as connecting individuals to the health care that they need.

While COVID-19 has brought about tragedy and left economic and social turmoil in its wake, it has also spurred hospitals and health systems to adapt and innovate, even under conditions of great uncertainty, constrained resources and widespread anxiety. These adaptations and innovations will, we hope, build a stronger future for hospitals, health systems, health care workers and the communities they serve.