

When care comes to the patient

How healthcare leaders can realize the best location-flexible care for patients


accenture



Crises tend to highlight weaknesses in a system – and spur innovation to meet the challenges.



COVID-19 did just that for healthcare. The pandemic irreversibly accelerated change in healthcare delivery¹ and greatly accelerated the adoption of remote care delivery. With most in-person care visits on hold, use of virtual care services for acute care needs has exploded. Nearly overnight, digital healthcare was infused into healthcare systems. Now experts wonder if there is a way to make this trend permanent, and how to allow more serious or complex care to be provided independent of

the location of the patient and the care personnel. Healthcare organizations want to increase efficiency, efficacy, humanize healthcare and avoid the hassle of logistics and inconveniences of in-hospital and consulting room care. The question now is: what care setting for a particular condition is best for patients, care givers, administrators, and health organizations?

Human-centered solutions to improve patient access and experiences

For healthcare experiences to be relevant, people need easy access to them—and the experiences need to improve outcomes. With the help of technology, providers can create truly personalized care models (digital, virtual and physical), which are location flexible. In doing so, the health industry could turn the promise of human-centeredness into reality².

It takes board alignment to break through with these care models. For example:

- **Chief Executive Officers** motivate their organizations to create new patient and provider experiences in the home and other flexible care locations.
- **Chief Financial Officers** are exploring reimbursement and cost control approaches inspired by Covid-19 waivers and proposed legislation like The Choose Home Care Act of 2021³.

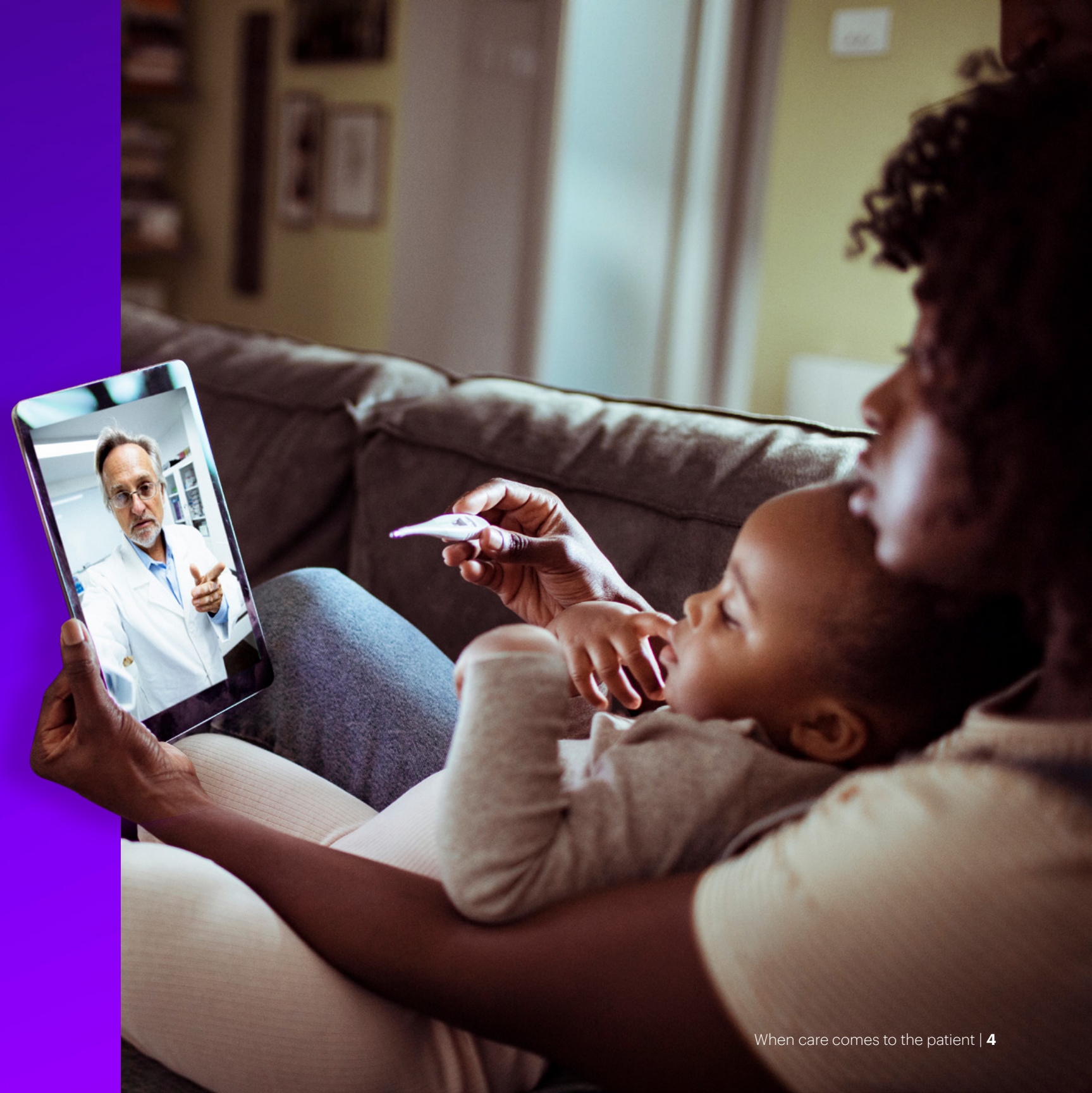
- **Chief Medical Officers** focus on the care experience for patients and providers, capacity limits, and staffing shortages.

The emphasis is on “intelligence” focusing on the business of experience⁴—an experience which is patient-centric and enables professionals to ensure that care is delivered appropriately. This emphasis leads into discussing a healthcare delivery concept that will give patients coordinated and appropriate care wherever they are.



Reconfigure healthcare services to enable location-flexible care

So, how can providers enable faster responses to competitive pressures and differentiate their healthcare organizations by offering healthcare where people want it? The first two steps are to define and reconfigure the specific parts of a healthcare service and productize them so they can be provided as single elements or combined in new ways.



01

Reconfigure previously “carved-in-stone”

healthcare in a new way:

Identifying and delivering those parts of a patient’s care at alternative, cost-effective, patient-centered locations rather than at traditional, facility-based, provider-focused locations. For example, some parts of care currently combined with specialist in-person consultation could be delivered at a pharmacy or in the home (by a nurse if necessary)—integrated in the care plan but priced and provided separately (see a real-life example on page 9). The arrangement would be more cost-effective and more convenient for both patient and doctor, ensuring that scarce skills are reserved for more important moments in the care journey.

02

Provide parts of healthcare services as “products”:

Providers can reframe operating models with a product mindset. Productization of healthcare focuses on defining and offering patients - and their payers - a clear message that highlights the benefit of choosing to receive care in a particular fashion. Products and services will focus on health and safety; care that is personal, easy and convenient, offered by someone trustworthy, and care offered responsibly⁵. For instance, as care is reconfigured, there is a benefit to different locations and approaches to care. Productized healthcare services can be sold as repeatable, commoditized products at a set price with specified benefits. These services can be then be reconfigured flexibly on a more personalized per-patient basis.

This approach could allow scarce, highly skilled professionals and resources (e.g., technology, configured physical space) to be used only when they are necessary and allow other aspects of care to be provided in different locations by appropriately qualified people — or even remotely.

A reallocation of resources would require strategic changes in the workforce, using hybrid care that involves both hands-on and virtual workers. Accenture research shows that offering these options in a flexible manner is key to meeting expectations of the healthcare workforce.⁶ These employee considerations can be combined with patient preferences to deliver location-flexible care—improving both resource efficiency and patient experience.

A productized care delivery anchored on cost and choice optimization



To deliver “care anywhere,” providers will offer productized service experiences across digital, virtual, and physical channels that suit people — both in-house and using ecosystem partners (e.g., multiple potential care partners, such as mobile or stationary laboratories, remote surgery centers, drone delivery services). Fast forward to the future, and we envision agile care delivery that implies broad care ecosystem data sharing, comprehensive patient and provider upskilling, and

flexible distribution networks. This is all anchored by patient centricity and a strong digital foundation — e.g., virtual visit expansion, remote patient monitoring and new ecosystem partnerships. While this sounds far-reaching and visionary, there are some practical steps that can be taken already.

A three-step calculation to optimize the healthcare location decision

Efforts to reconfigure healthcare are a first step to empower patients to receive coordinated and appropriate care wherever they are. It is important to keep patients at the center of the care process when reconfiguring, as well as the business case and practical care delivery implications. Consider a three-step calculation process:

01 Evaluate the required resources based on the patients' clinical needs.

To identify the optimal care delivery location and type, needs must be evaluated in terms of care intensity, required resources and care location. Leaders will assess and balance these three categories to identify appropriate care delivery settings.

02 Evaluate the care-specific business case.

Consider what's financially preferable in terms of ability to deliver for a particular case, by taking into account employer-sponsored health plans and Medicare/Medicaid cost coverage for the patients care needs. Payer's cost preferences will be balanced against a patient's convenience and care preferences when deciding on the final care setting.

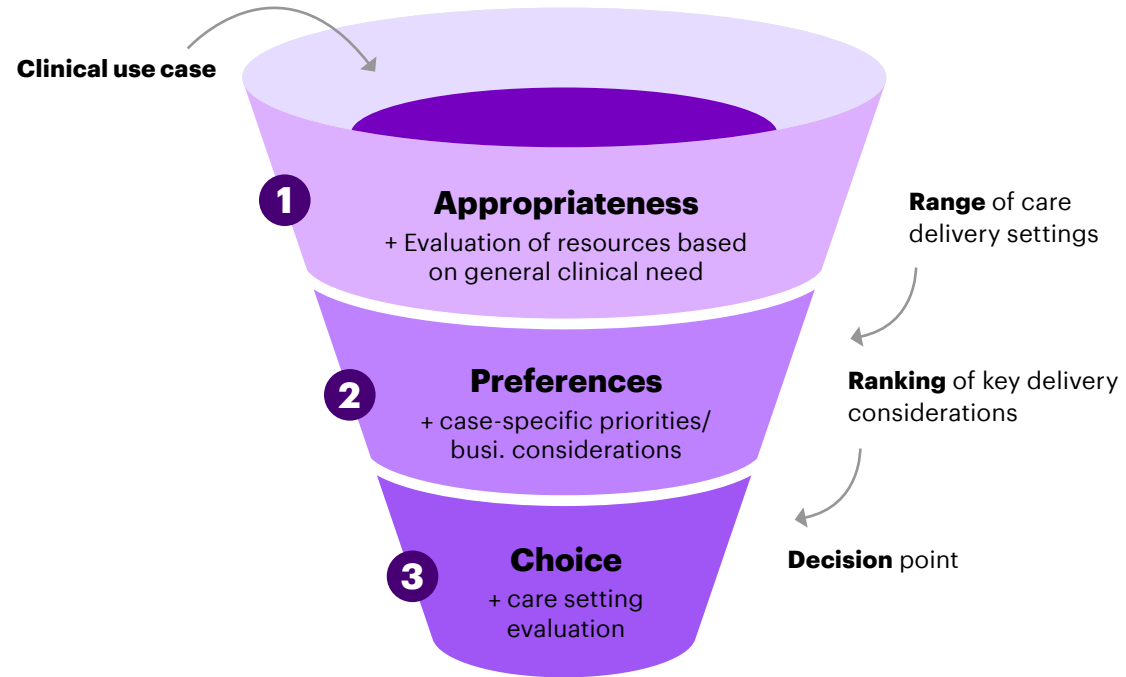
03 Combine the results to plan the delivery.

This is about synthesizing all stakeholder preferences and their associated impacts against the clinically appropriate care delivery settings, as described in step 1 and 2, to identify a single optimal hybrid setting made possible by a customized combination of care "products." Keep in mind that customizable offerings are just tools—they will be deployed using a thoughtful strategy that intelligently personalizes and humanizes care (See Figure 1).

Figure 1: The care location decision funnel

Finding the appropriate care location to a particular person involves three main steps—identifying what’s appropriate to enable patients care, what’s preferable for the providers and payers and, finally, the choice made from the remaining options.

The three step process



Clinical Care Setting Choice

<p>Home/Patient Mobility</p> <p>Flexible non-clinical setting adaptable to technology and people</p>	<p>Ambulatory/ Post-acute</p> <p>Low-intensity clinical setting designed with moderate tech and expertise to match care intensity</p>	<p>Specialty/ Emergent</p> <p>Mid-level clinical setting redied for an extended duration of moderate tech and expertise</p>	<p>Intensive (e.g., Complex Surgery)</p> <p>High-intensity care setting with advanced tech and expertise the duration of critical care</p>
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The three step process systematically narrows the treatment options to ensure that delivery locations (digital, virtual and physical) are combined in ways that are both appropriate and desirable for a given patient and condition. Using patient data and personal preference, a single optimal care setting can be identified that also is financially viable. The patient influences a combination of care factors that improve access, experience, outcomes—and optimize costs for the provider. The approach considers:

- Patient and provider proximity and capabilities, to ensure maximal care outcomes.
- Available technologies such as equipment, facilities, and devices required, or that available care professionals need to deliver care.
- Defining a process to appropriately connect people with the right technology.

Once appropriate options are identified, the process encourages consideration of the preferences of key stakeholders, primarily patients, payers, and providers. These preferences can be measured, and the choice of the best option could

unlock quantifiable value. Accenture has developed a quantifiable concept that suggests the extension of care delivery beyond traditional physical settings to locations and approaches that suit people, and that are based on cost-benefit calculations. Productization of services encourages consideration of homes, offices, hotels, dormitories, and flexible care settings. Providers of the future could offer convenient, cost-efficient care in a competitive health ecosystem. Accenture research indicates that it’s important for providers to meet the expectations of today’s healthcare workforce by positively addressing the six human dimensions of the employee relationship, including financial, emotional/mental, relational, physical, purposeful, and employable.

Through intentional analysis and weighting of all these factors, a care provider can identify appropriate locations to unbundle care, creating a broader array of locations from which patients, payers, and payers can choose, leading to an optimal location often different from that offered by traditional approaches. This illustrative example can also be implemented in practice.

A real-life example: **Finding the care location for rheumatology treatment**



Meet Maria, a 67-year-old retired teacher who lives with her partner in a Texas suburb. She has moderate-to-severe rheumatoid arthritis causing pain in her lower extremities. She is experiencing an acute flare up and requires a treatment to relieve her joint pain and inflammation. We're applying the three step process to her case:

Step 1 – Clinical needs

Care intensity: Maria's acute flare up is inhibiting her ability to walk. Her doctor recommends a cortico-steroid injection. Treatment is slightly to moderately complex and requires moderate supervision.

Resource characteristics: Cortico-steroid injections are mobile, but still require assistance from a nurse.

Location characteristics: Cortico-steroid injections don't require much privacy and could be delivered in the doctor's office, a local pharmacy or a home.

Maria's preferred care location options range from home, if there is appropriate preparation, to an ambulatory/post-acute location. The weighting of the above factors results in a score that trends towards ambulatory/post-acute as the most appropriate care location.

Step 2 – Business case

Identify various players: The relevant players for Maria's case include herself, her rheumatologist practice, and her Medicare insurance.

Identify categories: Identifying Maria's optimal treatment requires consideration of her cost share, historical treatment adherence, personal support network, and geographical and technological access to care. Necessary considerations also include insurance benefit, reimbursement, and incentives. Additional categories include provider's care delivery capabilities, costs, professional network, and community resources.

Importance: As a 67-year-old retiree, Maria values options with low-cost share. Her insurance, Medicare, values low cost, low complexity interventions, unless medically necessary; and her provider values options that optimize resource time and costs.

The preferences expressed by the individual decision makers are: the Rheumatology provider prefers Ambulatory/Post-acute, Medicare as the payer is also in favor of Ambulatory/Post-acute, and Maria's preference is an Ambulatory/Post-acute location. All preferences are perfectly aligned.

Step 3 – Conclusion and practical delivery

Patient Considerations: Maria's home is distant from her rheumatologist provider's practice, and given her acute pain and joint stiffness, she prefers not to drive long distances. Her provider's practice is owned by a hospital, and she is consequently charged a high facility fee for her in-person visits, but her cost share is lower for home visits. Maria has access to a tablet and laptop for virtual care visits.

Care Delivery Considerations: Maria's rheumatologist's practice has robust virtual health capabilities. Her rheumatologist's practice has a network of mobile nurses and emergency medical technicians for home visits, as well as a brick-and-mortar practice for in person visits. It is less costly and resource intensive for the practice to have their nurses deliver corticoid steroids, rather than their providers.

Payer Considerations: Maria's covered benefits include corticoid steroid injections, nurse home visits, and virtual health visits. It is less costly for the payer to reimburse virtual health compared to in-person visits.

At the end of this process, through adding the scores and applying filters the home location was confirmed as the optimal location across these dimensions.

How can leaders get started?

How care will be delivered in the future is rapidly changing. Competitive pressures are on the horizon from non-traditional organizations, such as Amazon Care™ and Walmart™. Traditional competitors are reimagining a person-centered care experience around physical, digital, and virtual care. Changing the experience for patients and health professionals while also driving economic and quality of care change are the goals for flexible care. Using our proposed process and calculations, the use of technology becomes a strategic choice where real human needs are met, and underlying provider and payer processes are adjusted to create a more positive experience, where access is more equitable and outcomes more effective. We are seeing the following tasks across the C-suite to operationalize location-agnostic care models:

Chief Executive Officers can translate efforts to “productize” health care to motivate changes to business processes that leverage the above design principles, cost impact and delivery of care.

Chief Medical Officers and their clinical teams can plan for the best care location and delivery by analyzing clinical need across care intensity, types of available infrastructure and resources, and accessibility.

Chief Financial Officers, in collaboration with clinical leaders, identify how ecosystem players impact various care options and how to implement the use of the ecosystem to create the most significant impact.



Who will be the early adopters?

Whether it's patients, home healthcare specialists or innovative traditional organizations, all are likely to adopt location flexible care — but who will jump first? Among patients it's likely to be those whose need is striking, frequent, and historically underserved. These include:

Disadvantaged urban communities

without easy access to transport and/or childcare who need to receive care wherever it's most convenient for them.

Patients with increasingly complex care needs

will adopt location independent care as CMS reimbursement models move from service-to value-based models which provide greater incentives for more complex patient conditions.⁷ These patients also have growing companionship and care management needs.⁸

Rural patients

who face significant barriers to access like geographical distance, lack of public transport and a shortage of specialists. In the past decade, more than 120 rural hospitals have closed including 19 in 2019⁹. Rural citizens are more likely to be unemployed or have lower income, with 25 percent covered by Medicaid¹⁰, and significant broadband access issues still prevail, prompting initiatives like the Rural Digital Opportunity Fund¹¹ and Connect America Fund¹² via the Federal Communications Commission.

New Traditionalist

are those individuals at the tip of the spear for what may become traditional. They don't own a car — Uber and other non-ownership modes are the norm, the focus is on convenience and sustainability, fixed assets (e.g., home ownership) reduce flexibility — thus, the innovative edge case for location agnostic care.

Young people

— [the 2021 Accenture Health and Life Sciences Experience Survey](#) revealed that young people deal with affordability by looking for digital options versus just avoiding or delaying care like older people may.

Location flexible care seeks out the most effective location for care to ensure quality, to drive down the costs found in the traditional way of delivering care, and to affect the experience of receiving care.

Executing a care flexible delivery system empowers patients to receive care wherever they need it. That means providers, patients, payers, and ecosystem partners must be equipped with the necessary supporting capabilities, such as care delivery assets, data interoperability, patient and provider training mechanisms, and distribution networks. It's time to put patients first, improve experience and outcomes and set up a framework tailor-made for the purpose.

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