

HEALTHCARE EBOOK

Trends in the shifting point of care

What you need to know when
evaluating new tech



Table of Contents

Introduction	3
A changing industry	4
Staffing shortages are a major complication	6
The era of healthcare consumerism is finally here	8
The advent of value-based care models	10
How mobile technology can help	13
What to look for in a mobile healthcare scheduling solution	15
The Skedulo impact	16
References	18



Introduction

If you've ever had an appointment with a medical provider from your tablet or computer, noticed a new health clinic opening inside a retail store or had care delivered in the comfort of your own home, then you've experienced firsthand one of the many ways healthcare is changing.

The point of care is shifting. Not so long ago, healthcare took place mostly in the standard settings of hospitals and medical clinics. Now, more and more providers are opening satellite clinics, splitting their time between different office locations, embracing telehealth or even conducting home visits, a reprise of the old physician house calls that were popular many decades ago.

There are many factors behind this shift, including the rise of value-based care payment models, better reimbursement for virtual and home visits, and consumers' heightened expectations that their healthcare be both accessible and more convenient. More recently, the COVID-19 pandemic has accelerated the changes.

In this ebook, we'll explore both the factors fueling the shifting point of care and what the shift means in practical terms for providers. We'll also outline the critical role mobile technology can play in managing the many new demands and facilitating the transformation.

A changing industry

Major changes are happening all over healthcare, especially when it comes to shifting where and how care is delivered.

The COVID-19 pandemic has hastened the adoption of telehealth and remote patient monitoring technologies. Overwhelmed hospitals have asked those who don't have life-threatening illnesses to avoid the ER whenever possible, to minimize the risk of spreading infections, and instead seek out ambulatory facilities or other care arrangements.

But for decades, hospitals have been moving away from the "heads in beds" strategy of relying on inpatient care for revenue in favor of providing more outpatient ambulatory services. Why? Advances in technology and a broad industry shift toward value based payment models, which reward good patient outcomes instead of simply the number of procedures billed, have both played a major role.

Changes in consumer preferences also play a role. Not surprisingly, most people would rather avoid long hospital stays following a surgery in favor of undergoing an outpatient procedure and recovering at home. There's also been a major shift in sentiment from seniors, who overwhelmingly say they would prefer to stay in their homes as they age, rather than in a senior living facility.

Finally, in the wake of COVID, the Centers for Medicare and Medicaid Services has relaxed rules around coverage for things like telehealth and home visits, while improving reimbursement rates to bring them more in line with traditional office visits.

A changing industry (Cont)

The shifting point of care, in many ways, is good news for the healthcare system. Beyond making care more accessible and more convenient for consumers, the shift toward value-based care models holds the promise of lower costs.

In a 2021 analysis, Avalere found that CMS spent less over time on 3,600 Medicare Fee-for-Service patients who received home care services for 30 chronic conditions than on those patients who did not receive home care.¹

Put simply, outpatient facilities and especially home healthcare are lower-cost settings for delivering healthcare.

That gives providers an opportunity to diversify their service offerings or transform to a different operating model that includes more homecare visits. But the shift also presents many challenges for providers.

Shifting the point of care presents challenges for providers

Broader competition for your patients and the revenue they represent



Patient record keeping becomes complicated with care happening at multiple sites for each patient



Less control and oversight over the environment where care is delivered



More pressure to share clinical records digitally rather than re-entering information or asking the patient redundant questions

Staffing shortages are a major complication



87% of healthcare
workers reported
burnout in 2022

Unfortunately, the shift is also coinciding with a painful labor shortage that has affected hospitals and home health agencies alike.

As the pandemic has dragged on, the stresses of treating waves of patients with COVID-19 took a toll on staffing, with nurses and physicians alike reporting unprecedented burnout and leaving their jobs. Nearly one in four of the 5,000 hospitals that report their staff status to the federal government had a “critical staffing shortage” as of January 2022, with the number expected to grow.²

An industry survey in early 2022 found that 87% of respondents said they became burned out in the past year, with similar numbers expressing concerns about their mental health and frustrations with pay and working conditions.³

Perhaps no sector of the healthcare system was hit harder than skilled nursing and assisted-living facilities, with job losses of nearly 238,000 since the beginning of the pandemic, with staffing levels at a 15-year low across the long-term care industry, according to the Bureau of Labor Statistics.⁴

Articles published by The New York Times and other outlets examining conditions inside nursing homes during COVID also prompted many people to reconsider plans for their loved ones, with many facilities struggling with low occupancy rates as more seniors opt to receive care at home.

Staffing shortages (cont)

As mentioned previously, healthcare was already experiencing a long-running nursing shortage when COVID hit, accelerating an exodus of clinical talent.

That's left providers scrambling to do more with fewer clinical employees. And it adds to the many challenges of trying to recruit or retain workers to do home health visits:

It can be difficult — and lonely — working with a patient on your own

- It's not uncommon for caregivers to arrive for an appointment to find the patient isn't home
- Home health caregivers spend a lot of time driving, usually in their own vehicle, which sees plenty of wear and tear

Certified nursing assistants (CNAs), for example, are paid the lowest of all nurse types⁹ and can make slightly more in hospitals and skilled nursing facilities than in home care,¹⁰ according to Bureau of Labor statistics.



The era of healthcare consumerism is finally here

At long last, consumerism has arrived in healthcare. After all, people have long been able to pay their bills, order food and shop for clothes online or from their phones; why should healthcare be any different?

Healthcare has a lot of room for improvement when it comes to making services more convenient for consumers, who've become accustomed to long waits to be called back to an examination room, filling out reams of paperwork, answering redundant questions and so forth.

The shifting point of care helps address consumers' rising expectations in several ways:



By providing options for where appointments can happen. (For example, in a clinic housed in a larger retail store, via virtual visit or telehealth, or through a home care visit)



By offering the ability to book an appointment online, respecting patients' availability

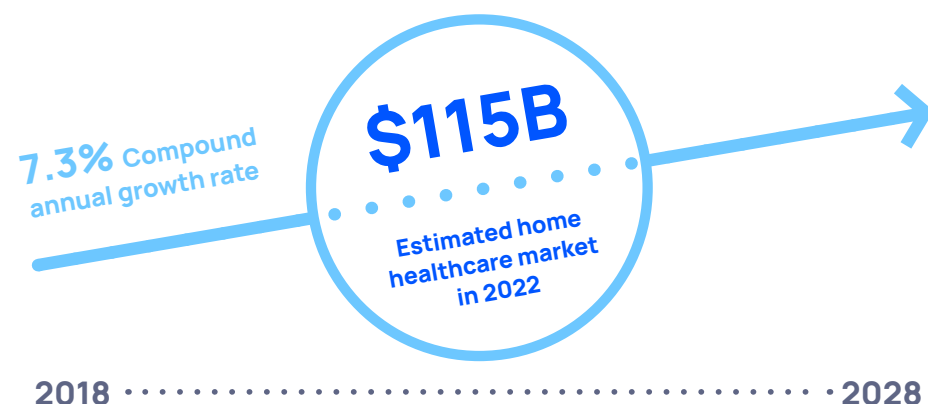


By offering alternatives that may be seen as safer during the pandemic

The era of healthcare consumerism is finally here (Cont)

Home healthcare, an estimated \$115 billion market in the U.S. in 2022,⁵ represents perhaps the pinnacle of customer convenience, and the industry is not surprisingly growing. One analysis forecasts the industry to grow at a compound annual growth rate of 7.3% between 2018 and 2028.⁶

That's at least in part down to simple consumer preference. Today's retirement-age seniors prefer to age in place. Surveys consistently find an overwhelming preference by seniors to live out their golden years at home rather than move into assisted living.



Home care also dovetails well with value-based care models, since it's a much lower-cost setting in which to provide post-acute transitional care. In fact, CMS has announced a nationwide expansion of the Home Health Value-Based Purchasing model from the original nine states where it piloted the program, with the first performance year under the nationwide expansion occurring in 2023. CMS said the participants from 2016-2018 achieved an average 4.6% improvement in quality scores and delivered savings that averaged \$141 million annually to Medicare.⁷

The advent of value-based care models

As its name implies, the Affordable Care Act of 2010 sought to lower the costs of healthcare in the U.S. in part by incentivizing the value of care provided. It established the goal of moving away from traditional fee-for-service reimbursement toward payments that are linked to quality outcomes and lower costs.

In addition to Home Health Value-Based Purchasing, CMS has established a number of value-based payment models, a few of which are listed below, with their names offering clues to how they operate:

- Medicare Shared Savings Program
- Next Generation ACO (accountable care organization)
- Hospital Readmission Reduction Program

Another model made more attractive by the pandemic are the Hospital-at-Home programs run by many hospitals, where certain patients are deemed eligible to receive acute-level care in their homes. In a recent survey,⁸ *Healthcare Innovation* found that roughly 70% of respondents had either fully implemented a hospital-at-home

program, had gone live with an initial implementation or were in the planning stages. The CMS version is called Acute Hospital Care at Home and requires use of a waiver to admit patients to home care from the hospital.

One of the biggest changes home healthcare agencies are grappling with is CMS' new Patient-Driven Groupings Model, which took effect in 2020. Among other changes, it eliminates the use of therapy service thresholds and removes incentives to provide unnecessary care in an effort to encourage value over volume.

PDGM shifts the focus to care based on demographics and other factors that influence patients' outcomes, and it also cuts payment periods in half, from 60 days to 30, with each payment period classified under a variety of clinical characteristics and other information. The model also encourages home health agencies to take on more clinically complex patients — meaning they will likely need to expand their care teams through the addition of certain skills and specialists.



The advent of value-based care models (cont)



John Jameson

[VIEW PATIENT INFO](#)

Ramifications for providers

What do all these new payment models mean for healthcare providers? For starters, there are new regulatory burdens and a slew of new administrative responsibilities. You'll likely need new tools to help you monitor spending and measure quality improvement efforts and patient outcomes. In addition, healthcare providers will need to pay close attention to details such as:

- Accurate diagnoses and diagnosis codes

- Referrals — which is especially challenging, given that many referrals come via fax
- Access to the referral source and information about patient diagnoses, co-morbidities and supporting documentation from the referring provider or facility
- The ability to access and assign the right home caregiver based on their credentials, training or qualifications

In short, the shifting point of care puts a premium on efficiency in provider operations.

How mobile technology can help

One of the biggest challenges for providers that take on mobile workforces is around scheduling, with risks including missed appointments, poor allocation of resources, unhappy patients and employees and lost opportunities. Left to manual processes, scheduling can make your organization less productive — in fact, in our survey, **72% of executives** said worker productivity is negatively affected by their existing technology.¹¹

Automated scheduling offers the major benefits of increasing productivity and, critically, keeping not just your patients but your employees happy. That last point can't be understated; in an industry that sees a roughly **60% annual employee turnover rate**, there's abundant research linking digital maturity and worker autonomy with employee satisfaction. Giving your mobile caregivers the tools they need to do their jobs efficiently and effectively makes them more likely to stick around.

Yet among the healthcare providers we surveyed, fewer than one in seven had a high degree of autonomy today. Three in 10 said their mobile caregivers had a low degree of control over accepting job offers in real-time or influencing their work schedules.

Employers know they need to accommodate the wide variety of full-and part-time caregivers, contractors and per-diem workers that typically provide home healthcare by offering flexible schedules. But most home healthcare workers see high variability in their scheduling. Either they don't get enough appointments, or they see inconsistent volumes of appointments from week to week, drastically affecting their income. And many spend too much time traveling between appointments instead of caring for patients.

How mobile technology can help (Cont)

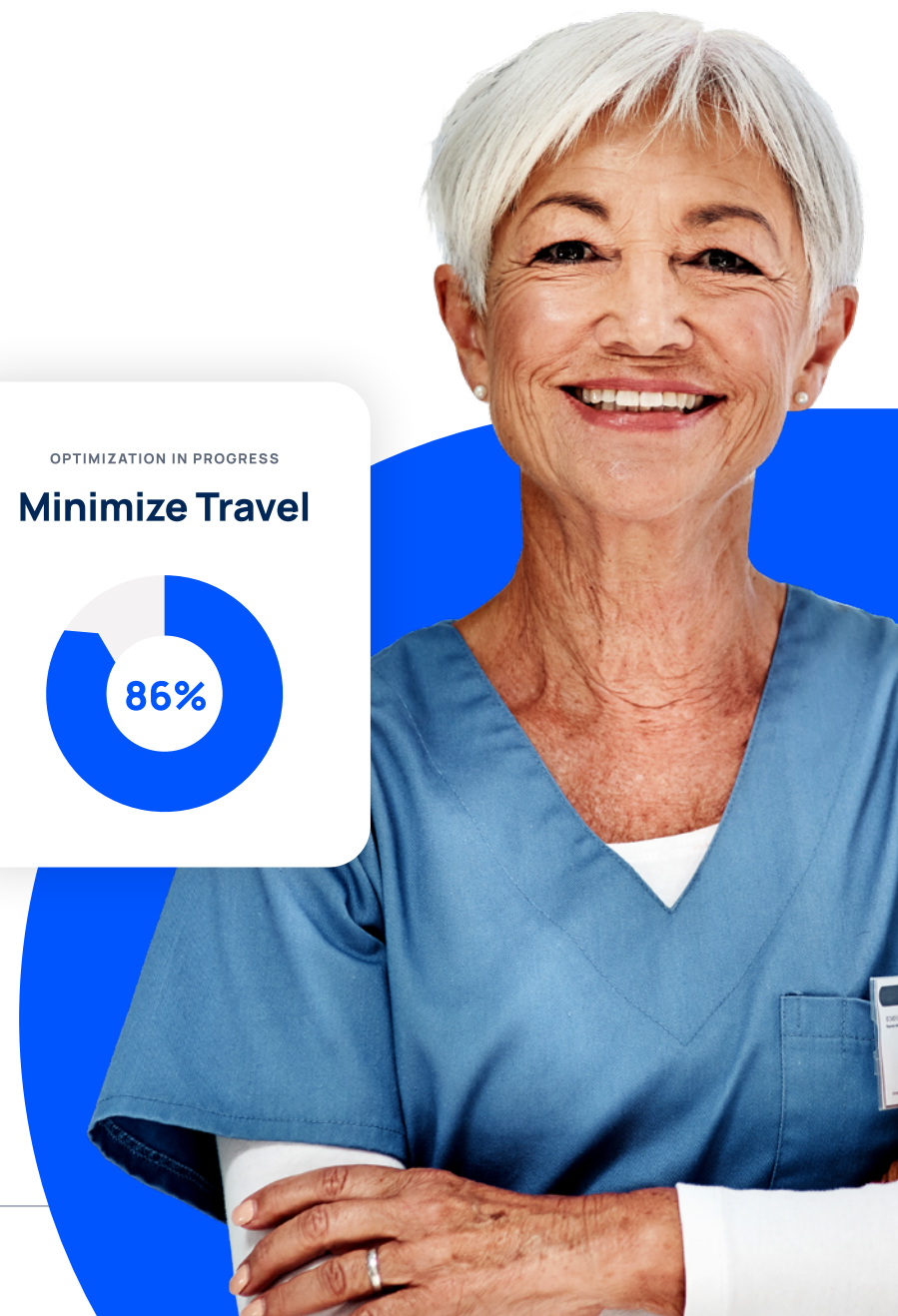
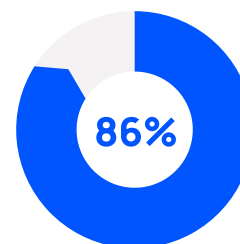
Automating the scheduling process can resolve all of these issues

Automated scheduling uses artificial intelligence to select the right employee for the job based on skills, certifications, location, patient preferences and other factors. It can handle high volumes of incoming requests and generate a schedule that helps providers succeed in the shifting point of care, with benefits including:

- Increased efficiency
- Reduced operating costs
- Making scheduling proactive, with real-time updates to users and insight into busy times of the week or late-breaking changes
- Keeping patients happy
- Reduced employee turnover, through more predictable and consistent scheduling that empowers caregivers

OPTIMIZATION IN PROGRESS

Minimize Travel



How mobile technology can help (Cont)

Automated scheduling technology matches patient preferences (such as preferring a female or bilingual caregiver) and clinical needs to the right caregiver. Conversely, it allows caregivers to work at the top of their licensure and pay grade. Automated scheduling also helps optimize travel for caregivers, so appointments are clustered geographically to minimize travel times.

Another key benefit is the ability to enter and access data in real-time for caregivers and back-office administrative workers alike:



Logistical notes

Caregivers can leave helpful reminders about things like door or gate codes, dogs or other hazardous conditions to watch for, and even observations about the living environments of patients that may affect their health or the caregivers' ability to provide care.



Point of care

Which is important because reimbursement rates can be different depending on where care is delivered.



GPS data

Location tracking helps caregivers navigate to and from appointments, helps schedulers track caregivers in the field and boosts safety for lone caregivers.



Electronic Visit Verification

Creates a digital record to satisfy the Medicaid requirement.

What to look for in a mobile healthcare scheduling solution

Ask the following [questions](#) as you look into technologies that can improve your scheduling processes and make life easier for you, your patients and your mobile workers:

1. What are the security protocols covering the software's connectivity? Because you're communicating about sensitive patient data, the software must be secure and HIPAA-compliant.
2. What is your tech strategy? Advanced use of APIs to connect and communicate among platforms must be a critical concern. APIs are a more secure channel for transferring data such as provider insurance, payroll information, medical documents and information covered by government oversight.
3. Can the profiles you create of your mobile caregivers include specifics on their specializations and certifications?
4. Can you track your workers in real-time along the route for better communication with the patient and office administrators?
5. How much time will this software save your scheduler in coordinating and adjusting schedules, then communicating with your mobile caregivers and other involved staff about the latest arrangements?
6. How does this solution optimize office staff time and efforts while lowering operating costs and improving the patient experience?

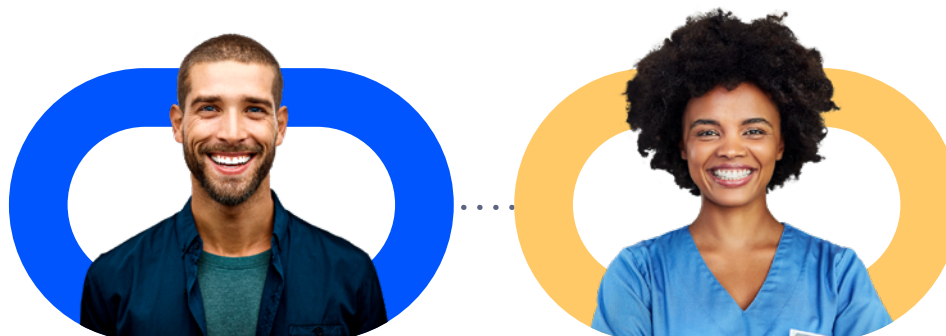
The Skedulo impact

Skedulo gives your team access to smarter, real-time scheduling.

The end result? Happier caregivers, patients and schedulers, and a healthier bottom line.

Clients

Honor your clients' or patients' care preferences and match them with the skills and certifications they need.

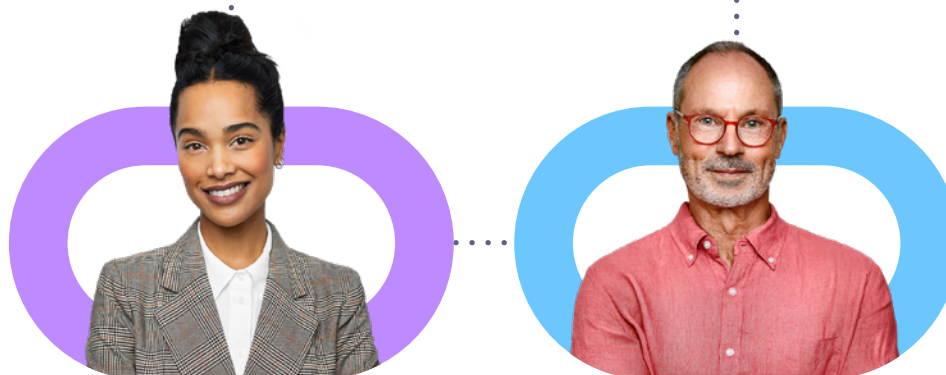


Mobile Caregivers

Make their time count with route optimization, real-time communication and access to key tools and information from the field.

Schedulers/ Care Coordinators

More easily manage your mobile caregivers in real-time and better match available skills to the needs of patients.



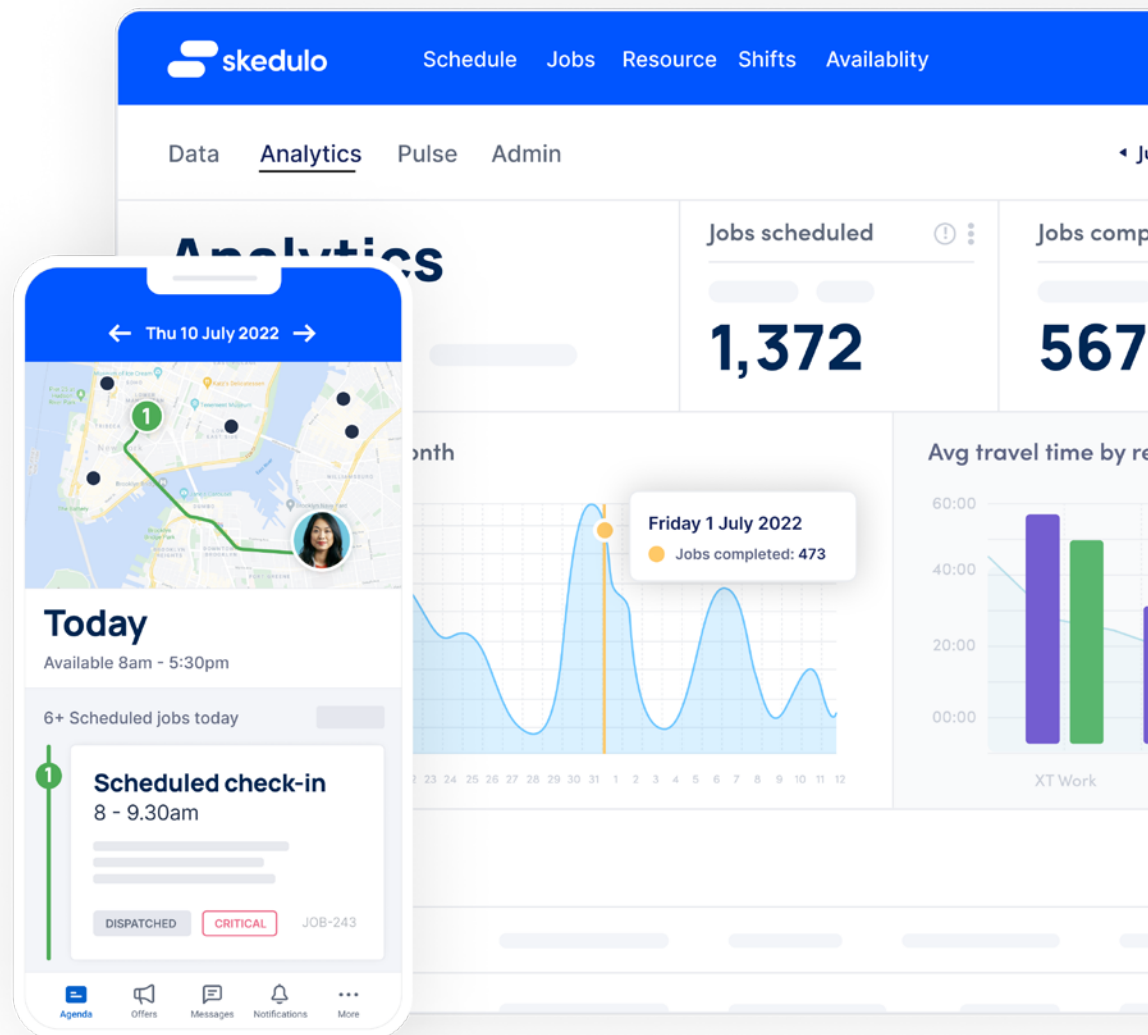
Back Office/ Business Owners

Make data-driven, strategic decisions and improve performance, patient outcomes and employee retention.

Easy scheduling. Happy people.

Learn how Skedulo can help
you **make scheduling easy**.

REQUEST A DEMO



References

1. <https://avalere.com/insights/home-care-services-reduce-medicare-spending-for-30-chronic-conditions>
2. <https://qz.com/2111021/omicron-is-causing-a-critical-shortage-of-staff-at-hospitals/>
3. <https://nurse.org/articles/nursing-shortage-study/>
4. <https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/BLS-JAN2022-JOBS-REPORT.pdf>
5. <https://www.ibisworld.com/industry-statistics/market-size/home-care-providers-united-states/>
6. <https://www.grandviewresearch.com/industry-analysis/home-healthcare-industry>
7. <https://www.cms.gov/newsroom/fact-sheets/cms-finalizes-calendar-year-2022-home-health-prospective-payment-system-rate-update-home-health>
8. <https://www.hcinnovationgroup.com/policy-value-based-care/article/21250235/doors-to-the-future-our-2022-state-of-the-industry-survey>
9. <https://nursejournal.org/cna/salary/#locations>
10. <https://www.bls.gov/oes/current/oes311131.htm>
11. <https://www.skedulo.com/resources/solving-software-gap-growing-community-deskless-workers-report/>

The Skedulo story

In celebrating the diversity of every one of your mobile workers and allocating them the best fit jobs, you can expect to achieve: greater efficiency, higher job satisfaction, lower job cost, happier customers.

This was the vision of Skedulo's CEO Matt Fairhurst when he launched Skedulo in 2013. Almost a decade later – and with hundreds of clients across healthcare, not-for-profits, utilities, education and training, public service, and much more – we know we have delivered something truly special.

We also know your company or organization has something truly special to offer your customers, and we want to help you do it in a more cost effective and personalized way than you ever believed possible.

To find out how Skedulo can help you achieve next level scheduling personalization – while increasing customer and staff satisfaction and achieving a strong ROI – contact us to **book a free demo.**

Where to find us

San Francisco | USA

800 Market Street, 4th Floor
San Francisco, CA 91402
+1 866 716 2176

Sydney | Australia

Level 3, 398-402 Sussex St
Haymarket, NSW
(02) 9159 6912

Ho Chi Minh City | Vietnam

Level 5, An Phu Plaza,
117 Ly Chinh Thang, Ward 7,
District 3, HCMC

London | UK

20 St. Thomas Street
London, SE1 9RS
020 8106 2362

Brisbane | Australia

Level 1, 47 Warner St
Fortitude Valley, QLD
(02) 9159 6912



© 2022 Skedulo All logos, trademarks
and registered trademarks are the
property of their respective owners.