

Gervean Williams ([00:02](#)):

First of all, I would like to thank all you guys for your service out there on the front line. We want to be sure that we provide you with the tools and resources you need to see you through these tough times. To that end, NACHC and our partners at BKD have produced a five week series of podcasts to assist you in managing your physical solvency. During these times. Please take a moment to listen afterwards, provide any questions or comments or feedback. Your feedback is invaluable. So on your health today, Gervean Williams, I'm next director of financial training and technical assistance and today's broadcast we'll be talking with BKD, his partner, Scott Gold, about staffing considerations during COVID-19 good afternoon, Scott, how are you today?

Scott Gold ([00:44](#)):

I'm doing well, Gervean.

Gervean Williams ([00:46](#)):

That's so good to hear. So let's go ahead and jump into our questions for you today. My first question is what are some of the staffing considerations for health centers during this era?

Scott Gold ([00:58](#)):

Yeah. So as, as we talk to our health centers across the country about their staffing, you know, a couple of key concepts I think have kind of come into the dialogue that we have had. One of them has to do with kind of, you know, EV as we've had to make adjustments into this new environment. Really figuring out ways to repurpose roles for folks that we've maybe had to adjust. A good example of that might be our, our dental staffing where, you know, we've, we've just had a significant impact in the ability to provide that service line. So we've had to really adjust and repurpose some of those staffing. And then the other key concept that I would kind of probably just share with everybody is, is the, the need for individuals to really get some technical training on the new virtual environment. You know, most of what we are doing or the way we've delivered our care and our services in the past, we've all had to kind of embrace the technology and being able to connect with people through virtual meetings. And, and there's been some positives and, and some, some challenges in that. But really that's where we've had to spend a lot of time maybe getting some training and embracing that new environment.

Gervean Williams ([02:26](#)):

Great point. So what are some practical tools to help manage this process?

Scott Gold ([02:31](#)):

Yeah, you know, I think what we're seeing across a lot of our health centers is from a practical tool perspective, really going back and revisiting those job descriptions that we've had with all of our staffing so that, you know, a lot of times we need to have a detail, a job description for what the roles are within our organizations. And so I would just recommend that, go back to that tool of our job descriptions and, and, and look at how we might need to update those in our new environment related to the situation. You know, that that might be some very detailed updates that need to happen if you're really shifting roles. Or it may just be some, some minor tweaks that we need to make to those responsibilities in order to better just give guidance. Because I think what we've got to think about with our staffing is as we bring new people on to the organization or as we make adjustments or there's turnover in our organization, it's going to be critical in this environment that we have ready resources to help train those new employees quickly so that we can get them working productively.

Scott Gold ([03:51](#)):

The other thing that I would recommend from a tool perspective is cross walking our activities that we have in our job descriptions to some of our revenue generating activities. So enhancing the understanding within our organizations about how what we're doing ties directly into how the organization can generate revenue in this challenging financial environment that becomes more critical for us to document and, and have a good understanding of how my job is directly impacting the organization's financial health. And if we have that knowledge as individuals within the organization that helps us engage more. And that really helps us, you know, feel like we're a part of the team that's going to add to the success of the organization. So.

Gervean Williams ([04:47](#)):

What are the health center saying about the current management of staff reduction?

Scott Gold ([04:53](#)):

Yeah, great. Great questions are being you know, it's interesting to me on, on the staffing reductions. Jeff had kind of shared some cashflow thought with us, with us on some earlier conversations. What, what I am seeing is organizations that had to make that immediate furlough reality or reductions in staffing because of cashflow concern. You know, those organizations have, you know, a different reality on what they need to be dealing with in this consideration about adjustments versus someone who had a little bit of cash and they could kind of weather the storm. Because what's happened in our environment is there's been a significant amount of new funding that has come into our organizations to kind of help us manage the crisis. And if we were an organization that could kind of weather the storm on staffing we're seeing that a lot of those conversations are, are kind of just centered around that re-purposing.

Scott Gold ([05:56](#)):

But if we did have some, some situations where we laid a significant amount of our employees off or we had some furloughs, you know, now what I'm hearing is, is conversations about how do we effectively bring those folks back and what roles do we want them to play when we bring them back as we've got this new environment. So that's kind of where the conversations are today. I think from a cashflow perspective, a lot of us have have weathered the storm now because we've got some new funding that has come in through the cares act. So now it's probably a conversation about, okay, can we bring some folks back and how do we retool them to really kind of connect and, and add that value that we talked about earlier. So that's, that's where the conversations are today around that.

Gervean Williams ([06:51](#)):

So I want to broaden the conversation to talk about things outside of staffing. So can you describe the last 45 days and how it impact health centers cashflow?

Scott Gold ([07:00](#)):

Yeah, great question. You know, if you look at the last 45 days and, and, and just think about what we've all been kind of encountering in our organizations from a cashflow perspective, we had just an immediate crisis because we were, we were shut down and we weren't able to provide that care and those visits that we could bill, but relatively quickly within the last I would say, you know, 15 to 30 days of that 45 day window, we have had a significant amount of influx of cash through our cares act with a lot of different programs there. There's been significant revenue come in from our grantees and our

provider relief funds through HHS. Some of us have applied for some payroll protection loans. So we've had a unique situation from a cashflow perspective where we had an immediate crisis. But then what I'm hearing from a lot of organizations now is I've got a lot of cash, especially some of our smaller health centers across the country where we've got kind of a disproportionate allocation of, of that additional funding that has come in.

Scott Gold ([08:20](#)):

So we, we've, we've got to kind of navigate now how to properly spend that money as we go forward because we've, we've got quite a bit of cash, but we still have that uncertainty about the future. You know, we don't know how quickly we're going to come out of some of our environments. So a lot of what I'm hearing from my dialogue with health centers is, yes, I've got some additional funding right now. But what I don't know is how long this will last. I mean, how long will I be able to, you know, stretch those funds out into the future. So a lot of the strategic conversation that we're having right now around cashflow is helping folks, you know, build out those forecasting tools from a cashflow perspective and help them think about how much of that new revenue that they want to pull down into their, their monthly budgets, as, as we look out into the future, say for the next, you know, 90 to 180 days.

Gervean Williams ([09:26](#)):

And that kind of to that, my next question, so I know this is unprecedented time, but in your opinion, what can we anticipate in the next 90 days?

Scott Gold ([09:36](#)):

Right. So, you know, I look at the news and I hear a lot of the economic conversation about how we need to kind of reopen a little bit related to the economy. And so I think from a health center perspective, you know, what does that mean for us in our community for the next 90 days? You know, we've, we've really prepared ourselves well for dealing with the pandemic. And so, you know, we've, we've kind of doubled down on our preparedness. I'm still hearing from a lot of health centers that they still don't have, you know, some of the medical supplies that they need to kind of really be ready. So there's still some efforts going on to, to get that.

Scott Gold ([10:20](#)):

But as the economy reopens up, I think, you know, there's that risk that, you know, from a health care perspective we're going to have additional, you know, positive cases that we have to deal with in our environment. So being ready for that influx. I think of patients, you know, continuing to embrace our virtual environment in the next 90 days. We're getting better and better at it. I was, you know, having a recent conversation today, especially maybe in the behavioral health environment with some of the counseling services that we're doing. You know, this shut down has kind of put us in a situation where a lot of folks have been put in isolation and they haven't had a chance to really get out there and interact. So from a mental health perspective, I know a lot of our mental health providers across the country are looking for ways to make those touch points.

Scott Gold ([11:13](#)):

So, you know, I think in the next 90 days we're going to see a continued increase in the volume of services that we can provide through those virtual environments. And that might have a positive impact, you know, on our, on our cashflow situation because we'll have more of those virtual visits, virtual visits

that we can bill. But you know, I think, I don't think that anyone thinks that in the next 90 days there's going to be, I've heard that terminology flip of a switch. You know, it's more like that turning the dial. You know, we're going to slowly kind of open things up. So you know, I think in the next days folks are just really focused on, okay, this is the way it looks for me today. It's probably going to be looking like this for a week or so. And then we're just going to inch forward, you know, with with what that new reality looks like for each of our communities.

Scott Gold ([12:09](#)):

I don't think there's a one size fits all out there. You know, the way this looks for some of our rural environments across the country versus some of our urban environments, you know, we've got some real differences in those communities and our population bases. So it's going to look different there. But I think everybody's kind of a little bit nervous about the reopening of the economy and how, how, you know, does that mean that the, the spread is going to increase, you know, over the next 90 days. I think that's the big question Mark that's out there.

Gerveen Williams ([12:46](#)):

My final question for you today, there's been a lot of funds send out to the health centers, the H8C, the H8D, and H8E beyond June 30<sup>th</sup>. How do we plan for future revenue streams and management?

Scott Gold ([12:59](#)):

Great, great question. I mean, I, you know, I wish I had that crystal ball that we could, we could kind of put up there in front of, of everybody and they could kind of plan this out. But the way I'm kind of framing this up for folks is I kind of am, you know, let's look at all of the revenue streams that we currently have for our organization and let's look at our current operating expense budget. And I'm asking folks to really think about what is it that you want to do right now in your community to help serve your patients? And if there are activities that you can make some investments in right now that will be helpful to your communities. We want folks not being too fearful to engage in those activities. So spend the money wisely on the things that really help our communities in the current environment.

Scott Gold ([14:00](#)):

And I think there will be additional funding available for folks who have some really positive outcomes from some of those things that some of those outreaches that they're doing in their community. So, you know, I'm continuing to hear that there's a lot of investment out there for organizations when they can demonstrate that they've had some of these positive outcomes. So don't be afraid to spend the money, but we have to keep our eye on compliance. So the one, the other kind of broad advice that I'm giving folks is, you know, the, the new money that you get can't just drop to your bottom line as profit. You know, you've got to spend the money on, on good expenses. So that might mean if you're one of these smaller health that's received a lot of money, you know, kind of upfront we might need to think about how we plan that out into the future on how we're going to spend that.

Scott Gold ([15:00](#)):

Don't, don't get trapped into thinking I've got to come up with something right now to spend that money because I think we're going to be able to move that out into the future. So there's some real strategy right now about how you know the spending order of money. I know Catherine Gilpin from our office has, has shared some of her thoughts about that spending order. So in, in that, you know, next 90 to 120 days really plan out your budgeted expenses and you know, staffing. Remember, you know, that

the conversation that, you know, Gervean and I are kind of teeing up around staffing, you know, 70% of your budget is, is people. And so, you know, we want to make those investments now in engaging our people to really have that positive impact. So that's probably where you want to focus the time and energy is making sure we're engaging, you know, our staffing and they're feeling like they're making that, that positive variance. And that might mean that we, we make some investments in the compensation right now. So, and then, you know, if you're a larger health center, you know, the one thing that, you know, I had said earlier about the rev, you know, the new money that's come in, some of our larger organizations haven't seen as much, you know, new money per patient is, is, is, is one way I think you can kind of look at it. So you may need to adjust strategy just depending on the size of the organization.

Gervean Williams ([16:34](#)):

I'd say that that was my last question, but your, your answer was so great. I, it made me think of something else you said you can use, you could use the funds in order for compensation. What's your thoughts on hazard pay?

Scott Gold ([16:47](#)):

Yeah, great question. You know, I think we've had a lot of conversation with organizations about hazard pay in this current environment. You know, when, when we've got our folks working on the front lines of, of taking care of people, you know, we want to take care of those folks that are, that are putting themselves at risk and, and so, you know, I think in this environment when, you know, we're asking folks to come to work or ask, we're asking them to be on the front lines of taking care of people. We want to reward those folks with, with a little bit of extra right now. And so if, if you've got the money that, that you can make that investment, I think that's a good thing to consider. Now from a, I'll shift over and put my compliance hat on, make sure you look at your policies and procedures and you don't want to do something, you don't want to make that decision at a, at a governance level or as an organization without following your policies and procedures. So I think a recommendation there would just be look at those policies and procedures and adjust them as you need to ahead of making that decision. So if you haven't done bonus pay in the past or you haven't done hazard pay in the past get, you know, get a good example of a policy and procedure and get that kind of approved by your board. But before you would make that decision to do that.

Gervean Williams ([18:16](#)):

Well, Scott, thanks so much for your time and your expertise today. We really appreciate what you guys at BKD do out there in the field in order to support health centers. And you know, you're our partner with NACHC and we really appreciate that and please stay safe and stay healthy. Thank you.

Scott Gold ([18:31](#)):

Thank you Gervean