

**CLIENT ADVISORY BOARD**

# **AMBULATORY CARE THROUGH A NEW LENS**

**SMITHGROUP**





# A NEW GENERATION OF AMBULATORY CARE

Collaborative practice models, consumerism, advances in technology, new competitors, and the movement towards value-based care are transforming the way systems are delivering healthcare and wellness to their communities. SmithGroup planners, designers and strategists converged with providers from across the U.S. in a full-day workshop to define the next generation ambulatory care environment. Connecting innovators in healthcare delivery and design, workforce engagement and recruitment, population health, and technology, these industry leaders discussed strategies for innovative care models that will better position providers to support their community, meet patient demand, and improve market share, patient satisfaction and outcomes.



## NEW PRIORITIES: AND WHAT STILL MATTERS

Looking at ambulatory care through five different lenses sparked a compelling exploration of potentially transformative “what if” scenarios around industry disruptors. Each lens addressed the key factors that workshop participants felt should be considered in a new era of ambulatory care:

- Population health and wellness
- The impact of digital health and technology
- Workforce engagement and wellness
- Disruptors such as the rise of consumerism and vertical competitors
- The connecting thread of the designed environment and its impact on the patient experience

Shortly after our workshop, the news of a serious new virus began to appear. It wasn’t long before the full scope and scale of the COVID-19 pandemic became apparent, and

primary and ambulatory care centers across the country started to see a drastic decline in patients or shut down altogether as resources shifted to inpatient care—many moving much of their caseload to telemedicine platforms. As these services begin to come back online, we don’t yet know the long-term impact this disruption will have on ambulatory care; whether any of the trends we discussed will accelerate, decelerate, or diminish in importance. We can make educated assumptions, but it will be a while before we know what our new normal looks like, or how long it will last. We are connecting with our panel of experts and attendees to explore these impacts and determine whether the changes will be temporary or permanent. For now, in this summary we share where we all thought we were headed, and where we think we may be headed next.





# TECHNOLOGY

Technology has always had an outsized impact on healthcare delivery and design. Advances in technology have played a significant part in the initial shift of care to the ambulatory setting, and these advances are only accelerating.

Today, digital technologies in imaging, virtual and remote care, telehealth, and mobile apps are thought to have the most potential to change the outpatient care market. The rise of consumer expectations and empowerment is a significant driver of this, as technology becomes increasingly

linked with the patient experience. At the same time, more care is being shifted to the home and other non-clinical settings, made possible by wearables and virtual connections—a trend now fast-tracked by the pandemic.

Breakthrough treatments continue to emerge on an almost daily basis, as biomedical research, big data, machine learning, and artificial intelligence converge to open up discoveries in novel therapies and personalized medicine. In other words, the future of medicine is already here.

**48%**  
of physicians treated patients via telehealth in 2020, compared to just 18% in 2018<sup>1</sup>

**83%**  
of patients expect to use telemedicine after the pandemic resolves<sup>2</sup>

"We're in the age of exponential acceleration. And that, I think, is what most people just don't really get. That something that seems far away right now is actually going to happen a lot sooner than we think. — David Ellis, Health Futurist

## WHAT'S NEXT?

Technology will continue its advance, and the list is long: wearable and biometric monitoring, mobile diagnostics, precision medicine, telehealth, virtual and augmented reality, quantum computing, IoT, and robotics. Any one of these has the potential to drive down costs, increase the quality of care, and improve outcomes in ambulatory and primary care—particularly by streamlining routine, administrative tasks and freeing up providers to focus on the more human aspects of care.

Technology has tremendous potential to improve the patient and clinician experience, but we have a long way to achieve a more coherent integration of multiple platforms and players. The big question is who will better execute these changes first: will it be the traditional healthcare providers or non-traditional players like Amazon?

## DESIGN THINKING

Technology will be increasingly integrated into the patient and the building. We can now access staggering volumes of data, captured by advanced sensors and monitoring devices, that will tell us how a building is being used and how to adapt it to changing demands. Buildings will recognize and direct patients to a universal exam or consult room, leading to smaller or more multi-purpose—or no—waiting areas. Progressively complex procedures done in the outpatient setting will require smarter, more flexible buildings that can accommodate advanced technologies and infection control needs—buildings that won't be made obsolete in 5 or 10 years.

The biggest impact is the rise of the patient-consumer. They want accessible, seamless care, when and where they want it. Patients are more amenable to getting their care in a digital and virtual space, but they also have higher expectations for physical space and amenities—and are more attracted to brands that can deliver on both.

## COVID-19 IMPACTS

A big story is the accelerated adoption of telemedicine, moving more diagnosis, treatment and monitoring to the safety of the patient's home. This was largely out of necessity but is likely here to stay, if the needed reimbursement and regulatory changes stick: multiple surveys show that patients like it and want to keep it. Other emergent technologies will also likely develop more quickly to meet 'new normal' needs like robotic triage, infrared screening, facial recognition, UVC disinfection, and digital check-ins.

Both technology and design have a role to play in giving patients more control of their environment. Integrating embedded tech such as patient communications, building sensors, and visual indicators for infection control will provide a sense of safety and security. Owners will need to consider enhanced building systems once confined to acute settings, such as monitoring air quality and ventilation rates and negative pressure zoning.





# POPULATION HEALTH

In today’s value-based model, providers are increasingly adopting intentional population health strategies to improve the overall wellness of their communities. It’s not just to help reduce inpatient admissions, but a new interpretation of mission: a shift from episodic treatment to prevention and a more holistic individual and community wellness. By placing a greater emphasis on primary care and shifting care to the more accessible outpatient setting, providers can improve patient engagement and quality outcomes while reducing the total cost of care. And these strategies increasingly extend beyond the hospital or clinic walls, from running food pantries to underwriting affordable housing developments.

We have learned that the social determinants of health—the physical, economic and social conditions in which we live—have a significant influence on our well-being. But we are not all equal. Examples of social determinants contributing to health inequality include poverty, lack of access to healthcare services, transportation and healthy food, a growing digital divide, and language and cultural barriers. Preventive healthcare, delivered through primary and ambulatory care providers and facilities, is a critical factor in a successful population health program. Given that the social determinants of health play such an influential role, can designers and providers work together to improve a community’s overall environment and wellness?



## WHAT’S NEXT?

The next generation of clinics will have an expanded role in population health by integrating active wellness, prevention, and health education and outreach. The traditional caregiver team is expanding to include more case management, therapists, coaching and community resource specialists. Coordinated, patient-centered care means an entire team of providers working together, often in partnership with other community organizations.

## DESIGN THINKING

Architects have a role to play here, too. While only 10% of the classic social determinants of health are attributed to the physical environment, design influences nearly all of them. We can integrate our perspective on health and healthy community with our leadership position on sustainability, reducing or eliminating the environmental

factors that can cause illness—particularly the exacerbating impacts of climate change. We can design communities and buildings that encourage and support healthy behaviors at the macro and micro-scale, using design interventions to reduce stress, support physical activity and fitness, increase access to the outdoors and connect to nature, and distribute facilities to expand healthcare access. Urban planning interventions can improve access to transportation, walkability and safety as well as fresh air and healthy food. We can design public spaces at the building or community level that improve social connection and reduce loneliness. Public-private, mixed-use developments are increasingly bringing healthcare into the community. Open public spaces, beautiful streetscapes, and retail sensibilities or amenities are necessary ingredients for a vibrant wellness destination that encourages health and attracts new patients and employees.

## COVID-19 IMPACTS

The current crisis has exposed many faults and gaps in the nation’s health system. Black and Hispanic communities have borne the disproportionate brunt of the pandemic. COVID-19 hit communities of color dramatically harder than others, from a greater risk of infection to the severity of illness and mortality rates. Our elderly population was also particularly impacted, not just by the virus but by more than a year of isolation. There was a fourfold increase in adults reporting symptoms of anxiety or depression<sup>3</sup>. Add to that a high amount of deferred care that may lead to late diagnoses, increased chronic illness, and worsened outcomes. And it remains to be seen what impact long-haul COVID patients, which may number in the millions, will have on our society.

Like many things, the pandemic may accelerate healthcare’s role in population health, working more closely with or leading non-traditional organizations—including economic, housing, education, legal and social services, business and big tech—to engage more patients in preventative healthcare and wellness.

"Our definition of community health and well-being has evolved, knowing that, as providers, we cannot be all things to all people, but we can be a catalyst."

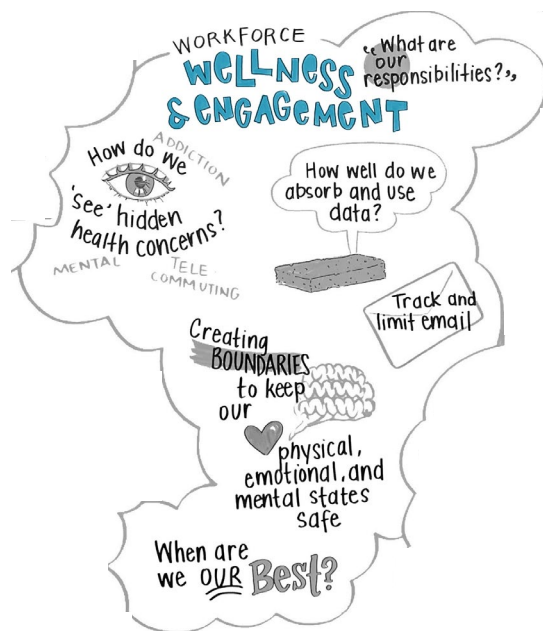
- Jason Koma, Mount Carmel Health



# WORKFORCE WELLNESS & ENGAGEMENT

Stress and burnout (defined as physical, emotional, and mental exhaustion) among healthcare providers is a pervasive problem in the United States, leading to consequences for both patients and staff. Some studies have shown that fully half of American doctors exhibit signs of burnout—significantly, internal and family medicine have some of the highest reported rates. Advanced practice providers and nurses also exhibit high levels of stress and burnout.

The biggest reported contributor to burnout is too many bureaucratic tasks, followed by the hours spent at work. But the physical environment in which we work plays a large role, too. Studies show that a lack of daylight or access to nature, inefficient workspaces, noise, and air quality contribute, often unconsciously, to employee stress. The average American worker spends one-third of their life at work; for healthcare workers, who work long hours and extended shifts, that number is even higher. Design can't solve every area of stress, but we believe a clinical environment focused on employee wellness can help improve on these alarming statistics.



## DESIGN THINKING

The spaces we inhabit, the spaces in which providers do their essential work, are inextricably connected to human health—to physical as well as mental well-being. There are evidence-based design interventions that can directly help to alleviate stress and improve staff productivity and satisfaction.

Foremost, we can make the building itself healthy by choosing sustainable materials, reducing indoor toxins and pollutants, and improving air quality. Simply locating supply storage at the point of care improves productivity and satisfaction and reduces physical stress and fatigue. An on-stage/off-stage clinic layout allows for greater efficiency and team interaction, optimizes workflows, and helps reduce clutter and noise.

Frontline clinic staff require moments of collaboration, transparency, communication, precision, and focus—also a place for respite, which is often overlooked in the ambulatory setting. We can design for all of these moments, using technology, space, color, light, sound, materials and textures. Borrowing principles from modern workplaces, we can provide distinct zones for interaction, heads-down or individual work, privacy and respite, allowing employees to choose the environment they need at the right time.

When all of these elements come together—built on an intelligent, efficient planning framework and operational model working in sync—design can strengthen and support other workforce engagement measures, helping to reduce stress and burnout and build resilience in staff.

## COVID-19 IMPACTS

Clinical staff burnout, already at a crisis point before the pandemic, has exacerbated over the last year. Many clinics were temporarily shut down or visits were reduced, with some staff let go or furloughed; thousands of practices have shut down permanently<sup>4</sup>. Eighty percent of nurses report psychological distress due to the COVID crisis<sup>5</sup>, prompting fears of a mass exodus from the profession. Among primary care physicians, 13% say they personally know clinicians who have died from COVID-19 and 26% report their own health has suffered—both mentally and physically—during the pandemic<sup>6</sup>.

The need for a more supportive work environment for exhausted and traumatized health workers has never been more critical.

"..we're not going to fix this in design alone. But it is a complicated issue, and particularly for a workforce that we're really deeply trying to engage, that wants to stay on the job."

- Whitney Austin Gray,  
International WELL Building Institute



**54%**

of doctors say they are burned out

**48%**

of PCPs say they would quit if they could afford to

**33%**

of new nurses seek another profession within a year

<sup>7</sup> The Future of Work: How Can Health Systems and Health Plans Prepare and Transform Their Workforce? Deloitte Insights, Mar 2019





## DESIGN INNOVATION

Health systems have been experiencing a gradual but significant movement toward outpatient care over the last three decades. This trend is now accelerating, with outpatient revenue nearly equal to that of inpatient revenue.

Many health systems are investing in a combination of facilities rather than a one-size-fits-all approach, encompassing clinics, urgent care centers, ambulatory surgery centers, imaging centers, freestanding EDs, micro-hospitals, and primary care clinics, distributed throughout the community to broaden access for their patients.

Ambulatory care is not one facility but many, ranging from urgent care to ambulatory surgery to superhubs, and privately, physician or system-owned. Specialty centers for oncology, ortho, neuro and rehab make up part of the mix. These ambulatory care facilities are challenged to provide clinically effective, patient- and family-centered experiences that support a wide diversity of users—multiple generations with differing expectations, a growing elderly population, and the chronically ill—all within a constantly changing regulatory and reimbursement environment.

**67%**

of patients feel every step of the healthcare process is a chore<sup>8</sup>

**40%**

of providers making meaningful preparations for shift to ambulatory care<sup>9</sup>

"Part of it is making the designed experience better. I think you can make it welcoming. You can make it personalized. And you can make it convenient. And if you do those things, you've created part of your brand."

- Ann Kenyon, SmithGroup

### WHAT'S NEXT?

As the industry moves toward fully embracing value-based care, non-hospital settings such as ambulatory, retail, home and virtual care may become the preferred model for organizations and patients. At the same time, consumer needs and expectations continue to expand: they will look for providers who can offer value, convenience, and support. To thrive, healthcare organizations must eliminate the barriers consumers face; for example, by moving facilities closer to the community, with more convenient, extended hours.

Generation Z and the tail end of the millennials define themselves more as patients than consumers but still have expectations for a more retail/hospitality environment than older patients: they want an on-demand, enhanced experience. In addition to integrated technology and virtual access, they seek a clean, holistic environment, connected to nature, embedded in the community, and above all, convenience, from accessibility to one-stop diagnostics to no waiting.

### DESIGN THINKING

As architects, we believe the design of the human environment has a tremendous impact on how well one feels, works, and recovers—numerous studies have proved that connection. Design also strongly influences cost, efficiency, process, perceptions of quality, and brand.

Brand awareness and loyalty have become a driving factor for growth. Brand can be conveyed through standardized materials, forms, amenities and experience.

A patient's perception of their care provider is directly influenced by wait time and aesthetics. Self-rooming and pre-visit health screening and converting the waiting room to a multi-functional resource or activity area can minimize waiting and improve the experience.

The traditional caregiver team is also expanding. Architects are challenged to design an exam room that can be used for exams, consultations, or telemed while accommodating larger care teams and family members. We're also reducing or eliminating private physician offices while increasing open, team-based workspaces along with huddle, telemed, and

consult rooms. On-stage/off-stage approaches allow clinical and support staff to work and collaborate more effectively.

Design can also help control costs through standardization of facilities, workflow and processes, and avoiding duplication of expensive resources.

### COVID-19 IMPACTS

The pandemic has only accelerated the interest in ambulatory care, particularly ambulatory surgery. We are exploring ways to better safeguard the ambulatory environment, using design to build operational and revenue resilience should another crisis occur.

The pandemic will continue to shape patient expectations for years, and the built environment will need to visibly demonstrate patient safety measures without appearing overly sterile. Infection control strategies will need to encompass more sophisticated ventilation systems and design interventions like UV disinfection, touchless controls and material changes. We're also exploring single-direction flows for patients as well as on-stage/off-stage staff and material flows and reduced building entries.

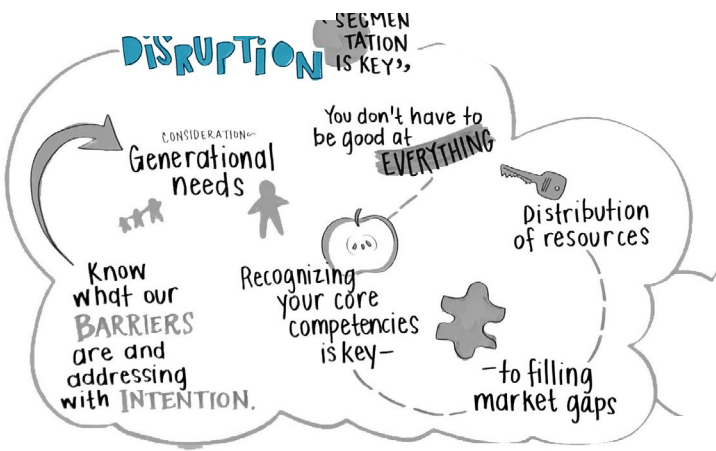




# MARKET DISRUPTION

Non-traditional tech and retail companies like Amazon, Apple, Microsoft, Google and Walmart are investing significant time and money to gain a share of the healthcare space. They have the advantage of a massive, brand-loyal consumer base, deep pockets and resources, broad distribution channels and partnerships, and of course, technology—particularly their research and investment in cloud computing and A.I., which has tremendous potential to disrupt the delivery of healthcare.

Mergers, acquisitions and new partnerships are also blurring lines, such as direct-to-employer primary care (Amazon and Crossover Health) or insurance and care providers (United Healthcare and Optum, CVS and Aetna). There is also the rapid growth of retail clinics and concierge practices, such as OneMedical and Forward, as well as purely digital, app-based providers like TeleDoc and Heal. Venture capital and private equity investors are also entering the healthcare space, targeting several healthcare markets including ambulatory surgery.



## WHAT'S NEXT?

The ambulatory care space is ripe for disruption—an easier target than inpatient care. Whether considered a threat or an opportunity, the entry of vertical, consumer-driven players into primary and ambulatory care is a given. The biggest concern is that these players will target only the most profitable aspects of health-care, leaving traditional providers to shoulder a sicker population.

As a logical outcome of the consumerism trend, segmentation and customization may be the next big thing to disrupt healthcare. Everyone approaches healthcare in their own way, and health systems that give patient-consumers an easier pathway to do that will thrive, from access to end-to-end experiences. Systems that learn how to harness data, beyond demographics, will be able to mass-customize at a level that we've not seen before, giving them the flexibility to transform their business models to be more sustainable and resilient.

## DESIGN THINKING

Design is a powerful tool for creating brands that can compete. A well-designed facility can deliver on the experiences that consumers want, attracting and keeping patients, business partners, staff and capital. Design templating can be an effective solution for speed to market and rapid deployment and distribution.

Adaptability also comes into it since we have so many unknowns regarding technology, reimbursement, regulations and competition. Any future ambulatory care center needs to be designed and built with the flexibility to convert into something else entirely. As one participant shared, "I think we have a ten-year window before it all changes. And it makes me worried to build a building. Because I don't know what that building should be in ten years."

## COVID-19 IMPACTS

It's difficult to say that the pandemic will have any impact here. Trends may simply accelerate. Outside competitors may rush in to fill the serious gaps that were exposed in our health system. Ideally, these new efforts will be complementary and not duplicative, in a spirit of cooperation versus market dominance.

But traditional health organizations have also proved in the last year that they can weather unexpected disruptions—that they too can be innovative and agile. Design thinking and rapid prototyping were a big part of the COVID response, as was better care coordination, even among rivals. Healthcare innovation can develop at unprecedented speed when individuals focus on solving real-world problems and collaborate with cross-functional teams.

"There's new, different ways to think about healthcare and wellness now, and consumerism will absolutely thrive in some of those segments, especially as some health systems start to also realize what their core competencies are."

- Seamus Giffen, JLL



# INNOVATORS CHANGING THE INDUSTRY

Healthcare is ever-changing, but the sheer scope of the industry (one third of the U.S. economy), an unsustainable cost burden, and heavy regulations mean that change often comes slowly. Our workshop highlighted some of today's industry leaders who are innovating in the ambulatory space. We've been extremely fortunate to work with providers who are creatively addressing the issues around population health, access and equity, staff and community wellness, consumerism, and technology—and generating new care delivery models and the physical space to support them.

While major shifts are happening across the industry, providers like Mountain Park Health, Mount Carmel Health, and Henry Ford Health System are adapting rapidly, using creative and inspiring approaches to delivering care to their communities. Read on to learn more about what they are doing to make an impact.





# IMPROVING HEALTH IN UNDERSERVED COMMUNITIES

## MOUNTAIN PARK HEALTH CENTER

Mountain Park Health Center (MPHC) is a federally qualified healthcare system in Arizona that supports a multi-generational population, primarily in lower-income minority communities. MPHC's priority is to prevent their patients from developing long-term illnesses. They utilize a multidisciplinary approach, integrating psychologists, dietitians, dentists, and pharmacists that support the primary physician in providing holistic care. A larger, universal exam room allows each specialist to bring care to the patient, ensuring they receive comprehensive care in a single visit. An on-stage/off-stage layout promotes care team interaction with minimal disruption. The clinic is intentionally more than a plain box but a beautiful, visual representation of health, dignity and respect. To draw people to the site and ease patients' insecurities about going to a doctor, there are opportunities for active recreation and healthy eating.

MPHC's clinic model is a testament to serving the whole patient—their child immunization rate is over 90%, and their cancer screening rates are about three times the average rate for fully insured, affluent communities.







# A WORLD-CLASS CENTER FOR CANCER CARE AND INNOVATION

## HENRY FORD HEALTH BRIGITTE HARRIS CANCER PAVILION

Hope, innovation, healing, confidence, and humanism were the themes that drove the design of this new cancer center. The new facility offers human-centered cancer and support services in a central location, giving all patients access to nurse navigators, specially trained in their cancer type, to manage the entire care process. Exam rooms are larger to accommodate family members and a team of providers. Patients have access to some of the most advanced therapy options available in the center's radiation oncology, stem cell transplant, and cellular therapy clinics. The infusion center is bathed in daylight and positioned to give patients views of the cityscape while providing privacy and comfort. The pavilion also supports nutrition and wellness planning, counseling services, and a same-day urgent care center. Quiet meditative spaces and terraces provide respite and gathering places for patient and caregiver support groups, yoga classes, and music and art therapy. SmithGroup also designed the brand identity for the system's cancer service line, manifested by a repeated feature wall that signifies the high tech personalized treatment received (blue DNA pattern) with a human touch (set in warm wood).

The input received from cancer patients, survivors, their families and clinicians during the design process helped make this facility a holistic healing environment. The result is a destination cancer facility flooded with light and instilled with a sense of comfort and hope, exemplifying Henry Ford's core values.







# DYNAMIC NEW PARTNERSHIPS FOR A HEALTHIER COMMUNITY

MOUNT CARMEL HEALTH  
WEST CAMPUS TRANSFORMATION

When deciding to build a new hospital closer to growing suburbs outside of Columbus, Ohio, it should have been easy for Mount Carmel Health System to simply decommission its existing 100-year-old hospital and sell the land. But rather than abandon the city or Franklinton neighborhood, the system made the decision to invest over \$700 million across the Columbus region, including a transformation of its old Mount Carmel West campus into a health and wellness anchor to stimulate economic development in the community.

Mount Carmel’s plan recommends a partnership-driven urban framework for dynamic new models for integrated education, outpatient care and urban health. The plan emphasizes Franklinton’s unique role in Columbus and beyond, and establishes Mount Carmel’s commitment to improving health outcomes and access for current and future residents, integrating wellness and design as part of a sustainable and equitable urban infill solution in a rapidly changing part of the city.

The hospital was demolished to make way for a new, freestanding ED, a privately-owned MOB, an expanded college of nursing, retail, student housing, and a job training center. Land was donated and the system provided \$1.5 million in low-interest loans. for new affordable housing.

A new Healthy Living Center—a community health and wellness center that provides free holistic health and wellness programs—equips and empowers long-term health behavior changes in a safe, inclusive space. Programs at the Healthy Living Center include cooking and nutrition, community meetings, diabetes prevention, exercise, healthy babies and families, wellness and stress management.

MCW has committed to transform the historic Franklinton campus from an aging inpatient hospital to an innovative urban wellness destination focused on increased access to services that are needed most in the area.



# THANK YOU TO OUR PARTICIPANTS

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Watch a video summary of the event at  
<https://youtu.be/VdrwElo9UA4>





# STAYING AHEAD OF THE CURVE

Over 50 Client Advisory Boards conducted within the last five years; hundreds of hours spent understanding and staying ahead of trends, research and technology.

SmithGroup has created a learning culture that encourages collaboration and innovation. It’s how we’ve stayed in business for so long (166 years and counting). We are dedicated to understanding the data and trends that go into making our designs and solutions relevant and forward thinking. Our Health Advisory Boards bring together a diverse group of executives, administrators, and facility directors from leading

health systems and organizations who help us explore today’s emerging issues, challenges and opportunities in healthcare delivery. These smaller, informal events help us gain a deeper understanding of the operational and facility strategies required to address the profound transformation in the industry: topics include economic concerns, reimbursement changes, and new models of care and system organization.



## VALUE-BASED FUTURE: FROM TRADITIONAL HEALTHCARE TO WELLNESS SYSTEM

In a radically changing environment, the risks of transformation are high. To make this transformation work, systems have to redesign organizational competencies, operational models, strategic resources, and patient-customer relationships. Advisory Board participants explored emerging designs for integrated healthcare and wellness systems and how to develop the planning agility to deliver on the new value proposition.



## OPTIMIZING THE CLINICAL LEARNING ENVIRONMENT

SmithGroup Health and Education leaders teamed up with the National Center for Interprofessional Education and Practice for its 2019 Clinical Learning Environments (CLE) Innovation Challenge. Learning and applying SmithGroup’s design thinking process, teams from diverse organizations gained a deeper understanding of their stakeholders, reframed challenges using journey mapping, and developed prototypes for acute, ambulatory and public health settings, creating new opportunities for enhanced patient/student dyads, innovative curriculum design, and much more. [Read the full summary here.](#)

## PERSPECTIVES



## A PATH FORWARD FOR HEALTHCARE DESIGN

The 2020-2021 pandemic will irrevocably change healthcare delivery and patient expectations. SmithGroup strategists and designers are exploring ways to help our clients design a better, more resilient future. Although the pandemic exposed many faults in our healthcare system, it has also revealed an unprecedented capacity for cooperation and rapid innovation. Together, we are working to reshape our future healthcare environment, ensuring patient and staff safety, and, most importantly, maintaining the humanity that is at the core of all medical care. [Access our full COVID collection here.](#)

## A FRAMEWORK FOR ASSESSING COVID-19 IMPACTS ON HEALTH FACILITIES

Our Path Forward framework can guide healthcare organizations through the spectrum of potential facility interventions needed to address the challenges of the pandemic. Administered in cooperation with our healthcare strategists, planners and designers, this tool can help organizations to assess and prioritize needs as we navigate through the crisis today, and plan for the post-pandemic future. [Read the report here.](#)

## WHAT THE EVOLUTION OF AMBULATORY CARE MEANS TO PROVIDERS AND DESIGNERS

Ambulatory care is an ever-evolving category of healthcare delivery, encompassing prevention, diagnosis, consultation, and treatment. The growth of this type of care is being driven in part by patients, who are seeking more low-cost convenience and access, as well as advancing technology and payor incentives to a lower-cost, value-based care setting. Payor incentives are also a factor in the shift to a lower-cost, value-based care setting. [Read the report here.](#)

## A POST-PANDEMIC FRAMEWORK FOR FLEXIBILITY & FUTURE-PROOFING AMBULATORY CARE

Many ambulatory care and surgery centers were forced to close as COVID-19 spread, depriving health systems of revenue, reducing essential care for patients, and affecting the livelihoods of health professionals. Our healthcare strategists, planners and designers convened to explore a framework to allow ambulatory care to remain open, operable and safe during future epidemic or pandemic events. These strategies serve as a launching point for examining this vital component of healthcare delivery. [Read the study here.](#)

## HEALTHCARE DESIGN STRATEGIES FOR A POST-COVID WORLD

This study outlines the potential strategic, operational, and design considerations to pursue after the pandemic. Many of these strategies, initially considered short-term, may become long-term solutions to correct deficiencies in population health, process, patient care, and infection control. The pandemic has pushed us to quickly pivot and re-think longstanding processes and procedures— some of which were long overdue for examination and reinvention. [Read the study here.](#)



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## Design a Better Future

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