

The five phases of the COVID-19 crisis for practice managers



Rod Solar

Shortly following the WHO announced a global pandemic, we locked ourselves in a room for two full days to map out the future for our cataract and refractive surgery clients. We resolved to make informed predictions of how the COVID-19 Crisis will impact the elective surgery market in the short and medium-term and what this could mean for you and your practice, clinic or hospital. We

developed a solid framework to help practice owners strategically plan for the expected (and predictable) changes that are coming. With this information, we hope that you can take strong and specific actions to help you maintain and protect your practice (which in this economy would be an achievement), and could even enable you to achieve modest growth. Don't react. Respond We all have a lizard brain, a monkey brain, and a visionary brain. Be diligent not to stimulate your lizard brain - the one that makes you fight, flight or freeze. Resist the comfortable denial of the monkey brain - this is not the time to blindly do what others do. Instead, it's time to stay in your visionary brain as much as you can. It will be hard. The choices you've made and will need to make will tax your resolve. Your visionary brain that likely led you to start your practice in the first place. That's the calm, deliberative, creative, and optimistic brain that asks - "what do I want to see in the world, and how do I want to engineer it?" Phase 1: Denial (1-2 weeks before your shutdown) In the denial phase, your market is conducting "business as usual". People are distracted, but they're carrying on. This group is in full-on monkey-brain mode and is carrying on as they always have done. These folks will keep their appointments because, for them, nothing has materially changed. That is the minority, and they're typically younger Millennials – your LASIK market. If your country is in Phase 1, you have an immediate opportunity to help some patients but you need to act now. Phase 2: Panic (two to three weeks of shock) During this phase, there is an immediate and sudden contraction of supply and demand for elective healthcare services as physiological, and safety needs supersede everything else. Your inquiries will likely slow to ZERO in this phase. Don't market to anyone in the panic phase. The key at this time is to prepare appropriately for the next three phases. Phase 3: Boredom (six to 12 weeks after your shutdown) In the boredom phase, people will be hungry for information and entertainment that distracts them from current events and the sheer monotony of life inside four walls. This is your chance to create and disseminate content that is either informative, educational or entertaining while maintaining a sensitive tone to current affairs - less aspirational, more grounded in utility. Most importantly, make this content interactive. Phase 4: Hope (One to 16 weeks from your shutdown) After 12 to 16 weeks from your shutdown, we will be through the worst of it, and people will begin planning for their future. There will likely be steep economic decline followed by a period of bumping along the bottom, like an aeroplane, struggling to take off. Hear me now and quote me later - this recession will likely mark the end of elective surgery as a commodity. Position it as a luxury and adjust your servicelevel accordingly. Phase 5: The 'new' normal (four months from your shutdown up to two years) In February, I'd only read the phrase "social distancing" once. Now, it's everywhere. And unless experts' most optimistic models come to pass, we should expect to be subject to social distancing. Consider a typical reception/waiting room that's about 7×7 metres (23×23 feet) with 32 chairs all neatly placed together - set mere inches apart. Now take those chairs and distance them by 6 feet/2 metres each – in every direction. Now, in a space you could fit 32 people, you can only fit nine chairs. Your reception room capacity has just reduced by 72%. Another point worth mentioning is, no matter how safe you feel your environment is, people who've avoided restaurants for two months aren't about to go out for dinner twice a week. If you decide to do anything this week, add video appointments to your service offering. Before the Coronavirus, they were already becoming a standard feature in today's society - particularly the health sector. Today, they are a must if you want to protect your patient pipeline during the coronavirus crisis shutdowns, and beyond. Now is the time to help, to share, and to support each other through this challenge. * Rod Solar, is Director of Practice Development Consulting of LiveseySolar https://www.liveseysolar.com/

Authors

Rod Solar

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