Through the COVID-19 Pandemic and Beyond: Using Scenarios to Explore the Future of Community Health Centers

A NACHC-Hosted Dialogue with Health Center Leaders, April-June 2020

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The COVID-19 pandemic has raised the uncertainty of the times in which we live, or rather, has made much more palpable the uncertainty that existed all along. Surging infections, disparate responses to the pandemic, an upcoming presidential election amid severe political polarization, a watershed moment in the public discourse on racial equity, and deepening economic inequality will all shape the future in ways we cannot predict.

With uncertainty comes the power to chart one’s own course. Our choices in times like these make a particular future more or less likely. Over the coming years, health center leaders could face further disruptions of the healthcare system that increase the number of uninsured patients and reduce their already slim financial margins. On the other hand, they could receive significant new funding related to COVID-19, but with “strings attached” that constrain them strategically and operationally. Clinically, health centers may face difficult ethical dilemmas related to care allocation, a backlog of non-COVID care, and long-term health effects among COVID-19 survivors. They may encounter opportunities to expand services for a growing Medicaid population, to leverage their position of community trust to enhance preventive health education in their communities, to collaborate with partners in new ways, to innovate care for those in greatest need (especially those that telehealth or virtual services cannot reach), and to reimagine their care delivery model and value proposition in the context of universal health care.

These challenges and opportunities offer a chance to shape the conditions in which health centers operate. By exploring potential outcomes through a structured process, referred to as “scenario-based planning”, community health centers can discover strategies for creating the futures they prefer.

### Three Future Scenarios for Community Health Centers

In April and May 2020, NACHC hosted futurist Eric Meade from the **Whole Mind Strategy Group** and **Beyond COVID** who developed three scenarios describing alternative futures for Community Health Centers beyond the COVID-19 pandemic. The scenarios were based on research on the potential near- and medium-term impacts of the pandemic and a combination of dialogues, brief polls, and interviews with nearly 150 leaders from health centers large and small, in urban and rural areas across 24 states (including Alaska and Hawaii) in every region of the country.

The scenarios outline expectable, desperate, and aspirational futures through the pandemic to the year 2023 and are described below:

- **An expectable** scenario called “Making It Through” extrapolates existing trends and models to create what some may see as the “most likely” future. In this scenario, the U.S. economy slowly reopens throughout the summer despite periodic outbreaks, and public opinion of the government’s response remains divided along partisan lines as the current Executive Branch remains following national elections in November 2020. Health centers successfully ramp up telehealth and deepen relationships with community partners while stocking up on supplies for a “second wave.”

- **A desperate** scenario called “On the Way Out” presents a set of feasible challenges that would require exceptional creativity and effort to overcome. In this scenario, the pandemic persists and unemployment reaches 32% of the U.S. population as restrictions are relaxed, reinstated, relaxed and reinstated again and again. The American social fabric unravels as protests, counter-protests, clashes between protesters and police, and violence (even against healthcare workers) become commonplace. Many non-COVID health issues go unaddressed. Community Health Centers, which have struggled to provide care with limited access to funding, staff, and supplies, are overwhelmed by a “second wave.”

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An aspirational scenario called “A New Movement” charts a pathway through the pandemic to a surprisingly successful future. In this scenario, the U.S. economy recovers and 80% of lost jobs return as new tools and technologies come online for tracking and controlling the virus. Community Health Centers provide wrap-around services to the communities in greatest need, while political leaders enact reforms to address the systemic failures laid bare by the crisis, including a risk-adjusted per-member per-month healthcare payment system.

Dialogue from Health Center Leaders on Three Future Scenarios

On May 27, 2020, more than fifty members of the NACHC Leadership Trainings Graduate Network – an affiliation of graduates of health center-focused leadership development programs - joined a webinar hosted by NACHC and facilitated by futurist Eric Meade to explore the three scenarios and to engage in breakout discussions of the implications for health centers.

In the expectable “Making It Through” scenario, health center leaders anticipated further dismantling of the Affordable Care Act (ACA) during a re-election of the current Executive Branch administration, which would reduce health center operating margins and exacerbate workforce shortages. Health centers would struggle with predictive modeling in such unprecedented times. Health centers would likely take steps to strengthen outside partnerships and expand their preventive health education efforts, particularly in anticipation of a second pandemic wave.

In the desperate “On the Way Out” scenario, health center leaders anticipated that communities would turn inward, elevating the importance of local leaders and local revenue sources. Health centers would face even greater administrative, clinical, and operational workforce challenges and may need additional security to ensure staff and site safety. High unemployment would increase Medicaid rolls and provide opportunities to expand services. (Note: At the time of this discussion, some health center leaders acknowledged they were already living in this scenario.)

In the aspirational “A New Movement” scenario, health center leaders wondered if the pandemic may persist longer in communities that cannot afford the technologies introduced to control it. They also anticipated widespread adoption of capitated payment systems that include telehealth delivery. Leaders stressed that health centers must be involved in the design of payment systems, since payments for the most complex patients would be insufficient if the model only adjusts for physical health risk factors. In this scenario, a public health insurance option would expand health centers’ patient populations but might force them to reimagine their mission and their business model.

On June 17, 2020 the three future scenarios and their implications were shared via webinar with a broad, national health center audience. Participants were asked a series of poll questions, as shown below:

1. Given what you know right now, which of these scenarios is most likely to occur?
   - Scenario #1 – Making It Through: 45%
   - Scenario #2 – On the Way Out: 16%
   - Scenario #3 – A New Movement: 38%

2. What is the greatest COVID-related opportunity your health center needs to capture?
   - Acquire new patients as Medicaid roles expand: 31%
   - Deepen relationships with community partners: 15%
   - Expand preventive health education for vulnerable populations: 23%
   - Diversify payment sources: 31%

The Benefits of Using Scenarios in Times of Rapid Change

In more stable times, futurists typically develop scenarios that look out 10 years, 20 years, or more. This allows one to explore how various trends might interact over the long term to produce a future very different from today. Organizations use these longer-term scenarios to identify emerg-
ing risks to existing service lines and business models, and to discover marginal shifts in strategy that could become vital in the future.

The specific content of such scenarios is less important than the overall directionality. Scenario “setpieces” serve as proxies for conceptually similar future events that may actually occur. For example, while it is hard to predict precisely what the iPhone will look like in 2030, it is reasonable to assume that technologies will provide ever higher levels of convenience, connectivity, and integration. Translating that assumption into the specific details found in scenarios spurs strategic thinking by making the distant future feel real.

The specific COVID-19 scenarios presented to health center leaders, however, only look out three years. This is appropriate, since in times like these one might experience as much change in a few years as would normally occur over a much longer period. Consider, for example, the vast expansion in the role of the U.S. government from 1929 to 1934, or the emergence of the U.S. as a superpower between 1941 and 1945.

But near-term scenarios should be used differently from longer-term examples. Rather than explore scenarios every few years to identify potential tweaks in strategy, organizations should keep a range of scenarios top of mind to foster an ongoing internal discourse about the various possibilities. When making decisions, they should consider how those decisions might play out across the different scenarios.

Organizations should update their scenarios regularly as new information becomes available. In periods of rapid change, scenarios should be updated every month or so to incorporate new information and prompt a check on the organization’s strategic thinking. Organizations should also adjust their scenarios as major uncertainties, such as the presidential election, are resolved.

Using near-term scenarios in this way during periods of rapid change has three key benefits:

- Scenarios have an anticipatory benefit in that they allow you to say – out loud – things that actually might happen. Community Health Centers, for example, could name universal health care as a possibility in the U.S., and think through what their role would be in such a system. They could talk directly about repeal of the Affordable Care Act, and its implications amid growing unemployment, and think through how they and their communities might respond.

- Scenarios have a developmental benefit in that they train the mind to think in multiple futures at the same time; they are the ultimate antidote to the thought, “Oh, well I guess that’s settled now.” They keep the mind sharp, aware, and ready for anything. Like any good exercise regimen, they prepare one for situations that require peak performance.

- Scenarios have a therapeutic benefit in that they remind one that the current crisis will not last forever, and in some cases the current crisis serves as a door to surprisingly successful futures. Further, they can reduce the stress of health center leaders and staff by providing a context for expressing hopes and fears within a rational framework.

As the COVID-19 pandemic crisis ebbs and flows – or even as it becomes “normal” at least for now – Community Health Centers can attain these benefits of scenario-based planning by exploring a broader set of futures that may unfold through and beyond the COVID-19 pandemic. What, for example, is the role of community health centers in the context of prolonged economic recession, or virtual reality (VR) telehealth, or an end to Medicaid expansion, or mainstream attention to the social determinants of health, or significant racial equity legislation, or universal health care? All of these (and more) could occur, and they warrant health centers’ attention today. Health center leaders engaged with these scenarios are already starting to develop answers to these important questions.

With uncertainty comes the power to chart one’s own course. But one must know what to do with that power. Waiting until the events actually happen is too late. It has been said that “chance favors only the prepared mind.” Scenarios offer health centers a tool for preparing their minds both for the critical decisions they will make in the current crisis and for the opportunities and challenges that await them on the other side.