Scenario Highlights	May 27 Discussion Highlights
Scenario #1: Making It Through (An expectable scenario)	

• U.S. economy slowly reopens throughout the summer. COVID-19 infections and hospitalizations slowly decline while testing continues to lag, but never exceed the capacity of the healthcare system. Nearly 135,000 Americans die by early August, with around three million documented infections.
• Public opinion on government responses to the pandemic remain divided along partisan lines. In November, Trump narrowly wins the Electoral College while losing the popular vote.
• With higher unemployment, Medicaid rolls expand, bringing a broader cross-section of society into community health centers and bolstering health centers' bottom lines even as state and federal reimbursements level off or are reduced. New funding becomes available for COVID-19 testing, telehealth, and other services.
• Health centers succeed in the "first wave" by ramping up telehealth and by forging deeper relationships with hospitals and public health agencies, while preparing for a potential "second wave" by stocking up on personal protection, starting flu shots early, and ramping up health education for the hardest-hit populations.
• CMS keeps relaxed telehealth rules in place but with lower reimbursements. Health centers invest in making sure their most challenged patients have access to the technology – everything from an iPad to a bathroom scale – to facilitate effective care.
• A rising crop of health center leaders prove themselves during the process, and the older generation retires with the knowledge that their legacies are in good hands.
	• Participants expected that Trump's reelection would lead to a further dismantling of Obamacare, including the Medicaid expansion, and to higher uninsured rates. This would reduce health centers' already slim operating margins, particularly with reduced reimbursements for telehealth and lower productivity in service lines like dental. Slimmer margins would make it difficult for health centers to compete for healthcare workers, and many workers will burn out from compassion fatigue or fear of being on the front lines. Overall, there would be greater barriers to care for underserved and minority populations.
	• Health centers would continue to have difficulty with predictive modeling since the times are so unprecedented. They would have access to new grant dollars, but the dollars can only be used for specific purposes and the grant applications need to be prepared very quickly.
	• The scenario does not say whether or not there is a COVID-19 vaccine, which along with effective testing and contact tracking is a key element of the public health response to the pandemic.
	• Opportunities:
	  ○ Collaborate in new ways with hospitals and other community partners.
	  ○ Do more preventive health education.
	• Given the crisis, it's hard to envision an "expectable" future that isn't either desperate or aspirational in some respects. That speaks to the pivot point at which we find ourselves. Things could get much worse, but they could also get much better under the right circumstances and with the right effort.

Join the conversation at our Leadership Office Hour on June 17, 2020 to share your ideas!

Scenario #2: On the Way Out (A desperate scenario)	

• "Whack-a-mole" COVID-19 pandemic persists as restrictions are relaxed, reinstated, relaxed, reinstated, etc. Unemployed reaches 32% and many furloughs turn into layoffs amid what economics call a "pandepression." More than 280,000 Americans die by early August, with five infected, while many non-COVID health issues go unaddressed.
• American social fabric unravels amid protests and counter-protests over reopening the economy. Riots, theft, and violence spread across the country. The nation is shocked by shootings of healthcare workers on their way to work after a conspiracy theory circulates that hospitals are infecting people intentionally.
• Community health centers struggle to provide care with limited access to funding, staff, and supplies. Many never recover financially from the early days of the pandemic, since new funding sources all come with "strings attached."
• The pandemic's second wave, coincident with seasonal flu, overwhelms health centers, who are largely left out of federal efforts to stock up on PPE and other supplies.
• Obamacare is repealed in 2021. CMS keeps relaxed telehealth rules in place, but enacts technical standards that make it hard for health centers to compete.
• The pandemic triggers a series of crises over subsequent years. Communities of color blame their disproportionate COVID-19 deaths on "the system" and ignore the invitation to adopt healthier behaviors.
	• Some health centers may feel like they're in this scenario even if the rest of the country doesn't have it this bad.
	• Many communities would turn inward as enclaves, and state and local leaders would play a bigger role than national leaders. Communities would vary in their responses.
	• Many more people would stay away from clinics for much longer, so health centers would need to innovate ways to serve them where they are, including but not limited to telehealth. Health centers may also need to make some very difficult decisions about who gets care and who doesn't. Some states have better guidelines for that than others.
	• Workforce shortages could get much worse. Health centers may need to hire security guards to protect workers, or at least to help them feel safe at work.
	• Opportunities:
	  ○ Lead health education programs to help communities stay safe amid the ongoing pandemic, serving as a trusted source of accurate health information within the community.
	  ○ High unemployment will increase Medicaid rolls, so long as there's enough money to pay for care.
	  ○ Diversify payment sources, such as local employers and commercially insured patients who want to stay in the community for healthcare.

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Scenario #3: A New Movement Begins (An aspirational scenario)	
● U.S. economy recovers throughout the summer as new tools come online for tracking and controlling the virus, like contract tracking apps, UV light disinfection, and wearable monitors. By August, more than 80% of lost jobs return. Nearly 125,000 COVID-19 patients die among 2.5 million infections. ● Community health centers serve as the backbone of the nation's COVID-19 testing in the hardest-hit communities, driving declines in infections since the most promising vaccine does not enter phase three clinical trials until October. ● In 2021, congressional leaders introduce legislation to address core failures laid bare by the crisis, for example, by creating a public insurance option with risk-adjusted per-member per-month (PMPM) capitated payments and by committing to ensure all Americans have internet access by 2025. ● The pandemic's "silver linings" accelerate as the economy reorients around basic needs rather than hyped-up over-consumption and Americans preserve the solidarity felt at the pandemic's peak. ● Health centers reimagine their care model through hack-a-thons and Kaizen events that incorporate cutting-edge technologies and community perspectives to develop low-cost, high-quality wrap-around services to those in the greatest need and to make a multigenerational impact on their patients' health. COVID-19 proves to be the push the country needed to fix health care once and for all.	● Many of the technologies used to slow the virus may not be affordable for underserved populations, or may not be deployed in the places where they spend their time. This may allow the virus to persist in particular areas even as the rest of the country has moved on. ● Payment system being improved to support the work the health centers are doing. Right now the reimbursements are not accounting for all of the expenses. In particular, health centers need to be involved in designing the risk model used for PMPM capitation to make sure they include social determinants. Payments for the most complex patients will be insufficient if the model only adjusts for physical health risk factors. The new payment systems would need to account for an expansion of telehealth. ● Telehealth would become easier, especially for rural health centers, if all Americans have internet access in the home. ● A national economy focused on human needs would probably grow more slowly, which would reduce tax revenues and might threaten spending levels on health and human services. ● Some health centers may not have the skills necessary to innovate as described in the scenario. They may need to add new roles and competencies. ● Opportunities: ○ Ramp up testing as a reimbursable service line. ○ Form stronger, much more focused partnerships around the social determinants of health. ○ Take services to the patients, wherever they may be. This will help health centers expand care to homeless and elderly populations and patients that are less mobile.

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