

COVID19 AS A CATALYST

Restoring Healthcare Staffing For The Future





SPEAKER

Stephen Carter

CEO at Sterling Staffing Solutions & White Orchid Hospice

Stephen Carter brings over 25 years of professional experience in recruitment, business development, entrepreneurship, executive leadership, and business mentorship.

As CEO and Co-founder of Sterling Staffing Solutions LLC, he is responsible for the company's overall development. He is an accomplished entrepreneur, mentor, writer, and renowned public speaker known for his understanding of business and modern strategies. His list of awards and enlistments include, Inc. 5000, books, and podcasts speak more about his success.

With a career spanning over 47 years, Nicholas Bucciarelli brings his experience in advanced technologies and strategies. His key skill is framing a product's vision and structure to deliver perpetual growth. He has played a long list of roles as AI Strategist, Bioinformatics Expert, Clinical Solutions Architect, CIO at renowned companies like Oracle, IBM, Lockheed Martin, Kodak, and eClinicalWorks. Nick's advanced tech expertise is boosting OSP's advancement in healthcare technology.



Nicholas Bucciarelli

Bioinformatics Scientist & Clinical Architect at OSP

HOST

Q1



Nicholas

With a business administration degree, MBA in Finance, change management and spending 21 years in a different field, what made you move into staffing?



Stephen

Nick, to be honest, the opportunity presented itself. Being a physical therapist, my brother was approached by many for hospice assignments and he passed them to others. When the numbers assignment increased, he learned that there is so much to do. I was working in a corporation at that time and had completed my MBA. Me and my brother blended our knowledge to establish our staffing company. I applied some of those very complex business models and strategies to our business. That helped us elevate and move so quickly in space.



Nicholas

What were some of the staffing challenges you faced when you began your career in staffing? And how did you overcome that with technology?



Stephen

We started our staffing company in 2011. Even then, healthcare was away from a technology perspective. The use of technology in healthcare has always been a little bit behind. For example, COVID19 has pushed us towards telehealth. It was there before COVID, but we needed a push. The reality is clinicians want to work in a worry-free environment, and care facility management needs a profit-making business.

So, we always wanted to establish a clinician-owned and operated staffing company. Our clients wanted accessibility to clinicians in a quick manner. They wanted quick billing and efficiency, and we gave it to them with better communication channels. We relied less on manual labor and more on automation and offered lower prices. We ensured our clinicians are always protected and paid on time. The technology was a game-changer for us.



Nicholas

So technology was somewhat stealth in terms of value, enabling these efficiencies. Is that a fair summation?



Stephen

We wanted it to be a seamless pipeline to make it more efficient for a lot of people. There was definitely a learning curve and a transition period for some of our staff that had been in business for a long time. They relied on the paperwork instead of doing it electronically. Once we did that change management process and they got to see the other end, everyone was much happier.

Q4



Nicholas

Does your company offer staffing services in rural areas as well? Have you faced any challenges? What differences do you see in the staffing needs in rural vs. urban or semi-urban areas?



Stephen

Yes, when we began, we faced great competition in healthcare staffing, mostly focused on cities and inner-city areas. But, we focused on the rural and suburban areas where the competition wasn't steep and had many patients who needed care. Finding the clinicians willing to travel to these rural areas or clinicians living in those areas was a challenge solved by the technology. We built a database of clinicians both in rural, interstate, and city areas. Now, we can provide the clinicians in a matter of seconds, even in rural areas.

Q5



Nicholas

Did you find the people from rural areas gravitate more towards using technologies like telehealth than urban areas where they can instantly get direct care?



Stephen

Technology never was an issue that they had to worry about as a patient, because we took care of that. From the clinical side, being able to immediately accept an assignment, when and where that was going to happen, and how much they were going to be compensated for that. Getting the definite information made us their preference. In a rural area, job opportunities are scarce. I took that as more opportunity to work.

Q6



Nicholas

How has COVID19 changed life for you specifically since the advent of COVID19?



Stephen

It brought the biggest change with remote working, we use zoom daily. It's rewarding with better productivity. Also, we've seen an increase in the sense of accomplishment. My staff spend more time with their family and stay happier. Now speaking about healthcare, COVID19 has made it very scary for patients. They don't want someone coming into their home that they don't know or trust and vice versa. So, we are trying to get into a new normal for everyone to make this seamless. We can't just stay at home. We got to live our lives and figure out how to be safe. We can't just let our economy grind to a halt.

Q7



Nicholas

What changes you are making in your business to adjust again to this COVID19 situation?



Stephen

How do you pivot in this new norm? The challenge for business owners is to look at the current landscape and the future to figure it out. Forecast your client's future needs during and after this pandemic. We focused on making home healthcare more efficient for our clients to get to our clinicians. We wanted to create basically a Uber app for health care staff. We came up with HomeHealthPRO. This app helps our clients get in direct contact with our clinicians with a minimal middle party intervention. We've been working with OSP labs on this product, and launching it in the next 30 days. This would be the next new model for staffing. Traditional models aren't going to work after this. We need to rely more on technology.



Nicholas

Which innovations can benefit the staffing industry? What are some changes the staffing industry has been looking forward to?



Stephen

The question for us is, how can we deliver quality health care to patients in an automated manner with telehealth? How can we still achieve the same outcomes remotely? I think that the advancement of telehealth will be big as we can serve more people quickly. WebMD is helping people to be able to self diagnose. Also, AI tools can help supplement the shortages that we have in health care. We've got to figure out how to leverage that and to do more of it.



Nicholas

What are some of the major changes you have seen in the healthcare industry since the crisis?



Stephen

Speaking of our industry, I see the mental impact in clinicians working in COVID wards is huge. This is a chaotic environment, and they are witnessing such a loss of life, there is PTSD. Our clinical staff needs to be prepared to face such a traumatic situation. We focus, streamline the process, and bring more value to our clinicians. Maybe increasing the salaries, increasing the use of a contingent workforce to meet that need.

Q10



Nicholas

There is a growing notion about Silicon Valley entering in-home care. So do you see big companies like Apple, Google, and Microsoft venturing into digital health care?



Stephen

Absolutely, no doubt about it. That's definitely going to happen, and I think that they're already moving in that direction. We're going to need those companies to help push our technology and get us to where we need to be.

Q11



Nicholas

Do you foresee tech companies that have been in the field, say, supplying EMR systems like an Epic or a Cerner? Do you see even Epic changing?



Stephen

Without a doubt, it always makes me think about the story of Blockbuster and Netflix. Today, Netflix is a household name and a multibillion-dollar company. When Netflix was starting out with the online rental movie concept, Blockbuster was an old school video renting company that rented VCR cassettes. Netflix approached Blockbuster to get acquired, but Blockbuster missed the boat. They thought people still wanted to touch and feel the cassette and put it into the VCR. People wanted a whole new experience. Now, Blockbuster is no more. And Netflix is one of the Fortune 100 companies. They saw and understood the future back then. So, healthcare companies need to see the future with technology today. You don't want to be the Blockbuster of health care.

Q12



Nicholas

Sterling Staffing Solutions work closely with therapists. How do you see things changing for them post-COVID19?



Stephen

Everyone wants more stability, and that's scarce during COVID19. We're going to see a risk-averse clinical team, who want more stability. This stability allows people to worry less, focus more, think outside of the box, do something new, and take a little risk.

Q13



Nicholas

Can telehealth make things better for physicians by decreasing the burnout?



Stephen

Yes, telehealth has a great impact. Physicians can see more patients and do more. Will it ease physician burnout? I honestly don't know. I think we need to fill the shortage or gap by having more physicians, allowing them to have more quality time with the patients. Physicians are being pushed to do more with less. Facilities want a normal 30-minute doctor's visit to happen within 15. And with telehealth in 10. Telehealth eases the problem of burnout but doesn't totally solve it.

Q14



Nicholas

States have relaxed and even waived their requirements allowing health care providers to practice across state lines during COVID19. Physicians from different countries are also permitted in the US for help. Do you feel this should continue post this crisis?



Stephen

There is no doubt that it should continue. There should be a national licensing board for all clinical professions. If I'm a doctor licensed in Texas, I should be allowed to go anywhere. We have some extremely talented clinical teams from many countries like the Philippines. If we could figure out a way to do some type of global licensing, that would be outstanding.

Q15



Nicholas

Your company White Orchard specializes in palliative care and hospice services. Have you noticed any marked differences in services since COVID19 entered the scene?



Stephen

Unfortunately, yes. Hospice services provide comfort care to terminally ill patients diagnosed with major illnesses. Our goal is to make them as comfortable as possible. The unfortunate thing is that we have seen an increase in our services for COVID19 patients. Many times these patients have already passed away before we can provide comfort.

At the same time, we see a decrease in demand due to the fear of having someone come into their home. We can't help there. So, unfortunately, these people are passing away with a very horrible death. Our goal is to make this service transition simpler.

Q&A Session

Webinar Attendees



What is the current big challenge in credentialing?



Stephen

I think the entire process of credentialing is very fragmented and lacks automation. You have to go to each panel separately to apply for credentialing. There is a need for advancing the universal credentialing process. Where all credentialing panels can be accessed quickly by one app. We have a website called mymedcred.com that focuses on credentialing automation.



The need for temporary nurses has escalated during the pandemic. What should be the long-term strategy to keep these forces in reserve?



Stephen

I think we need to make it easier for these backup teams to work across state lines easily. We need a standard process for hazard duty pay across the board for these frontline clinicians that are putting their life at risk.



What is the best approach to deal with the staffing shortage situation now?



Stephen

Just leverage staffing companies! We can help to ease physician burnout. Also, our hospital facilities should have a better approach to staff utilization. A more even approach to shifts, like not putting someone for a 12-hour shift, is needed. They should try 10-hour shifts, 8-hour shifts, to give them some break. Because when your provider is tired, it's an ultimate risk to a patient's life. So, keeping the staff mentally and physically elevated is super-important.



What's your take on internal education programs to help providers working during this pandemic?



Stephen

I think there is a need to focus on education as we continue to learn more about COVID19 and pandemic resistance performances. As a global community, how do we respond to cope with COVID19 in the fastest possible way?

Contact tracing and other elements may help to push down the rate of infection. We should continue to learn from the technology and these data points. What worked best in North Carolina or India, or Mexico will help all the providers across the globe. We need to share this information quickly.



In terms of adopting new technology to automate manual processes, have you tried bringing in technology experts to build your own solutions? And why?



Stephen

Yes, OSP Labs - the host of this podcast. We are partnering with them currently. I am not against readymade solutions, but I prefer building our own for our unique needs. We have worked a lot with both types of companies. We've reached out and found companies like OSP Labs to create our technology. This is my first time working with a company that has been so thorough. These guys are amazing. If you really are looking for someone for a technology solution, these guys are the real deal.



What are the trends in technology for the aging population, old chronic disease patients, and chronic care management?



Stephen

We have an increased level of retirees coming out of the baby boomer community. With the rising aging population, there's a need for focusing on chronic disease patients. But, the biggest change is the longevity of people. We know that someone with diabetes or COVID or CHF that they're living a lot longer than they would have 10 years ago. So the cost of caring for a patient has increased. The type of medication, the protocol, everything that's going to be needed to keep that patient going. We should have a quality of life for those people in the long term. The long-term care facilities need to implement a more clinical-based approach with technology to ensure better care for aging patients.



Is working from home the future of work and how you see the future of staffing?



Stephen

There is no doubt that COVID19 is changing the way we live our lives. I estimate that 50% of the people that are working remotely now will never go back to a normal workplace environment with the same mindset. We're going to continue to work remotely for a long time.

From a business owner's cost perspective, why have a huge office that houses one hundred people where I can manage in half that space? Businesses are looking at every employee and trying to determine the cost of working from an office and working remotely. From a staffing industry standpoint, we will be able to staff employees out that work from home. The big thing is going to be, again, leveraging technology.



What about working from home medical staff like me? I am a medical lab technician and a medical coder. How can I contribute to the healthcare system?



Stephen

There are tons of companies out there that are specifically looking for remote medical coders. I would encourage you to go out and try to find these companies. You can also promote yourself on websites like Upwork as a contractual medical coder. You could go to a staffing company, or you become an independent coder yourself. I think there are many ways to work virtually as a coder and make a good living.



How are you planning to overcome healthcare talent shortages?



Stephen

We will continue to find personnel even right out of college, maybe entry-level, and provide a lot of training to them to get them up to speed. Then, we will continue to leverage global talents as well by bringing providers from other countries to the US. We will make sure that we are bringing in passionate and highly qualified staff.

Q10



As an established staffing solutions company, what simple tips would you like to give us on staffing practices?



Stephen

Staffing is really about getting the best personnel possible. Your name and your reputation are based upon the skill sets and the performance of your team. Few clients test all the service quality with one bad experience. So every single person employed has to be devoid of any kind of flaw. So, the biggest challenge is trying to recruit the very best who follow your protocol. We need to make sure better communication with a client and have open communication lines, so they can let you know if they have any issues.



What's your opinion on telehealth to be leveraged for providers' safety? Will it be effective?



Stephen

Definitely, we are seeing this happening already. Many physicians use telehealth to ease the amount of interaction and only allow interactions for clinical types of visits. Telehealth is not just a safe environment for both the parties - physicians and patients, but also it's the way to make care more efficient. A busy professional can check into telehealth, at their computer, and just stop what they are doing for a while and have a HIPAA compliant call that is safe, secure and confidential.

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