

## TOOL

for health care providers worldwide

# How a ‘Build as a Last Resort’ Approach Can Minimize Facility Costs

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A three-step guide to repurposing existing community space for health care delivery

Published – March 2021 • 10-min read

## Key takeaways

- Care delivery is increasingly moving out of the hospital, toward local sites even the patient's home with telehealth. This has significant implications for health systems' capital allocation and facilities planning. This tool will help you determine how to expand your system's offerings by meeting patients where they are—and saving on facilities investment.

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# How to use this tool

This tool outlines the three-step “build as a last resort” framework for health care providers, estate planners, and payers to shift the balance of care away from the hospital and toward the community for specific services. For an example of how the tool has been used in real life, see the section “The approach in action,” at the end of this document.

Before using the tool, identify a single service or care model your organization wants to grow in the community, as facility considerations will follow from service type. This service or care model should align with the system’s own strategic plans, plans of any partner that may be involved in the venture, and most importantly, the access preferences of the patients’ themselves.

Then follow the three questions outlined on the following pages as a guide for choosing the community location that is the best fit for your chosen initiative.

# The 'build as a last resort' approach

## 1. Physical space requirements: What are the physical space requirements to deliver a specific service?

### *Infrastructure factors:*

- Waiting room and reception area size
- Diagnostic and/or medical equipment ease of installation
- Patient rooms that safeguard privacy
- Sufficient staff spaces, such as offices and locker rooms

### *Access factors:*

- Proximity to target population
- Staff availability and available transportation to site
- Proximity to public transport
- Accessible during hours of highest need for care

## 2. Existing candidates: What candidates meet these requirements or can be adapted to meet these requirements with minor adjustments?

### *Spaces already in your asset portfolio:*

- Hospital outpatient clinics
- Primary care clinics
- Community sites

### *Spaces outside your portfolio to lease or partner with:*

- Local government space
- Retail locations
- Non-profit and non-governmental offices
- Corporate partner locations
- Virtual delivery

## 3. Choosing the best fit: Out of the candidates identified for offering this service, which is the best fit that maximizes access and quality while minimizing costs to the system?

### *Financial factors:*

- Cost to renovate space to offer the service
- Cost to refurbish space in the long term

### *Partnership factors:*

- Potential benefits to partnering with the organization that exists in that space, if the space is outside the hospital portfolio
- Potential liabilities that may result from hosting the care model near other organizations, such as local government space



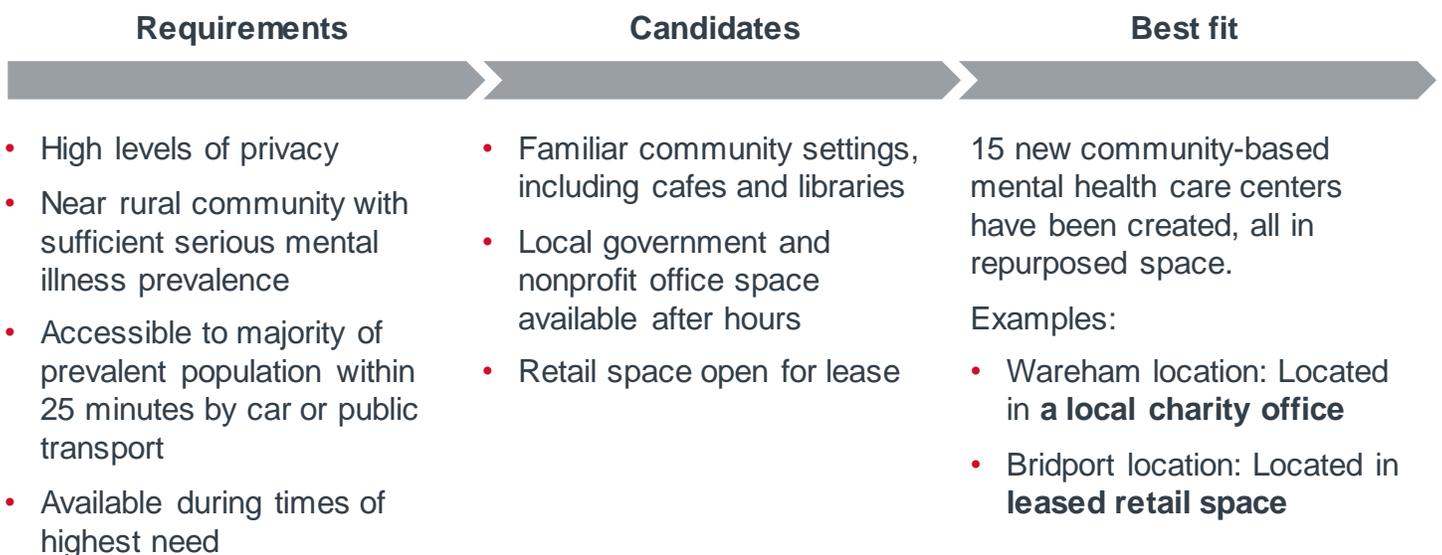
# The approach in action

In 2014, the **Dorset Clinical Commissioning Group (CCG)**, the local payer for Dorset county in the UK, recognized that the local health care system would face a deficit of £229 million per year by 2020-21 if significant changes were not implemented. Specifically, the acute-heavy system was ill suited to providing the community-based, preventive care its population needed to stay healthy and control costs.

The Dorset CCG needed to expand their community footprint but did not have excess capital to build or buy new facilities. Instead, they implemented the “build as a last resort” framework for several services. Leaders agreed to build new facilities only if they could not use or repurpose existing community space.

One example was the CCG's support program for community-based mental health crises. These services are now delivered in locations called "Community Front Rooms." The process for determining spaces in which to offer these services is outlined below.

## Dorset’s process to vet and select community-based mental health spaces



Source: Dorset Integrated Care System, United Kingdom; Advisory Board interviews and analysis.

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