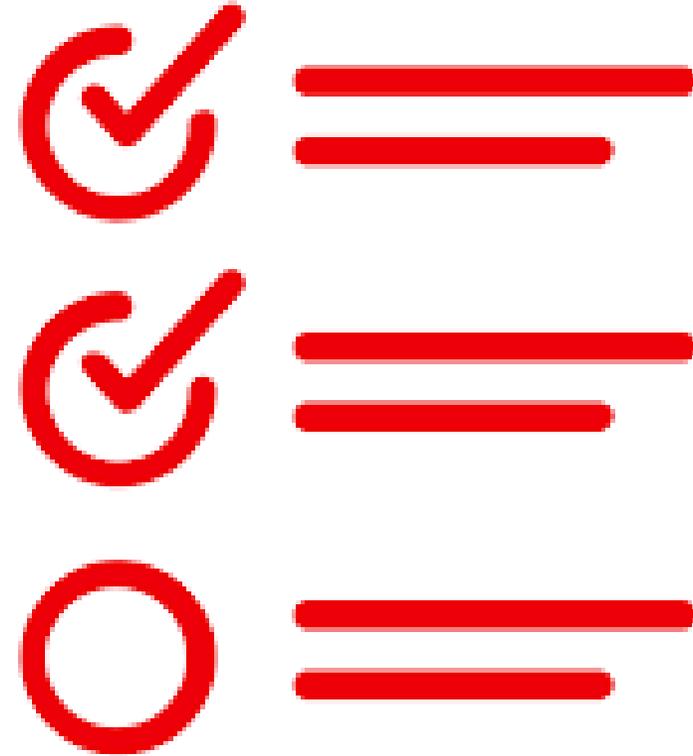


# Operationalizing for Success

Parkview Health - Fort Wayne, Indiana

# Agenda and Objectives

- ▶ Introduction
- ▶ Strategy
- ▶ Engagement
- ▶ Access for Specialty Care
- ▶ Success & Failures
- ▶ Overcoming challenges



# Disclaimer

- ▶ This presentation was prepared by Max, Laura, and Brenda, in their personal capacities.
- ▶ The views and opinions are the authors' own and do not reflect the views of Parkview Health.
- ▶ No financial disclaimers

Parkview Whitley Hospital



Parkview Warsaw



Parkview LaGrange Hospital



Parkview Orthopedic Hospital



Parkview Huntington Hospital



Parkview Noble Hospital



Parkview Wabash Hospital

Parkview Cancer Institute



Parkview Hospital Randallia



Parkview Heart Institute



Parkview Behavioral Health



Parkview Regional Medical Center



Parkview Women's and Children's Hospital

# Where does Virtual Health fit in our Strategic Plan?

- Parkview Will Tailor a Personalized Health Journey for Each Individual
- Parkview Will Grow Strategically to Win Today, Tomorrow and for Generations to Come
- Parkview Will Lead Our Market's Transformation to a Focus on Value
- Parkview Will Demonstrate World-Class Teamwork

# Parkview Virtual Health

Episodic Care

Acute & Chronic Care

Predictive/  
Preventative  
Care

Direct to  
Provider

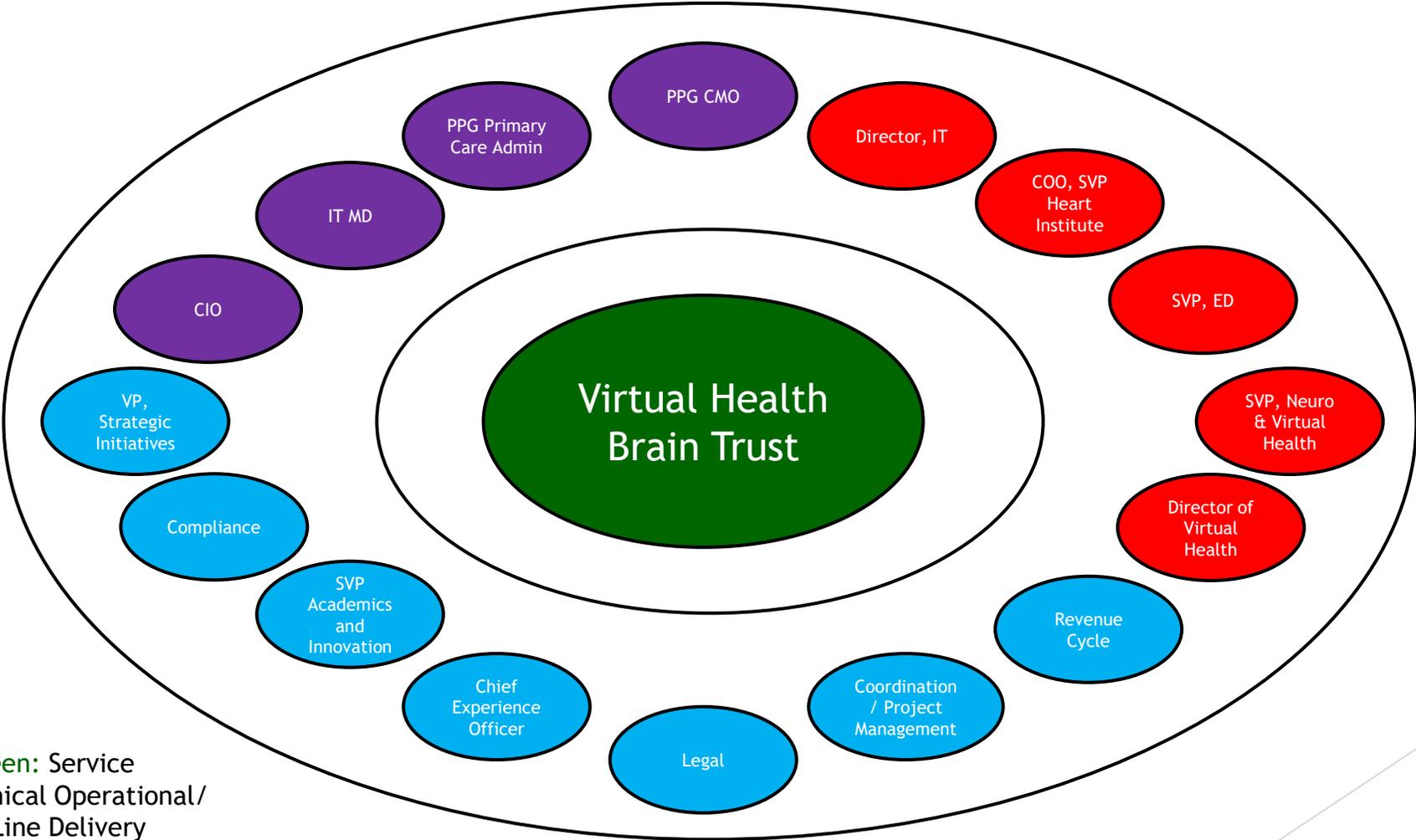
Specialty to  
Facility

Care  
Coordination

Virtual  
Curbside Care

Device  
Integration &  
Physician  
Notifications

# Bring them all together



**Key:**  
Dark Green: Service  
Red: Clinical Operational/  
Service Line Delivery  
Blue: Technical Expertise on  
Service Development  
Purple: IT Service Delivery Who  
provides service

# Where to Start? When? How?

- **Overwhelm!**

- How to stay on top of it all?
- How to filter? How to separate out the game-changers? The wheat from the chafe?
- Do you make vs. buy?
- How to run a stable and sustainable business amidst all of the change?
- How to be confident and grow amidst the tension of the disruptions and change?



# Technology must haves

- ▶ What we looked for
- ▶ How we implemented
- ▶ What we implemented

# Environment Strategy

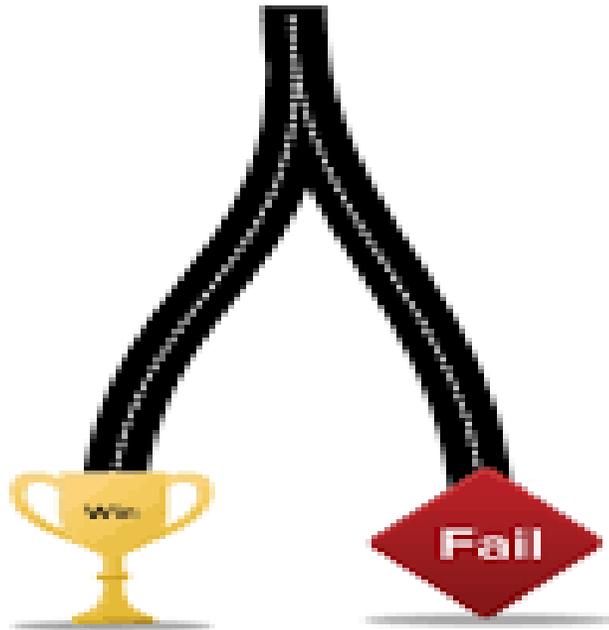
- -Hyperspace to Hyperspace
- -Hyperspace to MyChart
- -Haiku
- -Canto
- -Citrix (warp drive)
- -Vidyo (Epic Integration and stand alone)
- -Parkview OnDemand (Teladoc)
  
- Infrastructure Requirements
- Security Requirements

# Hardware Strategy

- Kiosk - provider service, Welcome
- Carts
- iPads
- Mobile Device
- Camera
- Peripheral Devices (stethoscope, otoscope, derm camera etc.)
- Headsets

# The importance of small failures

**What Most  
People Think**



**What Successful  
People Know**



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# Engagement

- ▶ Leadership and physician involvement
- ▶ Part of a strategic plan
- ▶ Invitation to the Virtual Steering Committee
- ▶ Constant updates on volumes
- ▶ Patient/Family Engagement Committees

## Finding Challenges with Hub-and-Spoke Strategy



**Limited staff and services** at spoke hospitals to keep patients in community for complex care needs



**Capacity restraints** at tertiary care facility resulting from increasing referrals from spoke hospitals



**CV patient leakage** to competitor hospitals better equipped to provide CV services in community

## Telecardiology Program Developed to Support CV Patient Management at Rural Hospitals



System CV leaders sought opportunity to support community hospital management of low-risk CV patients



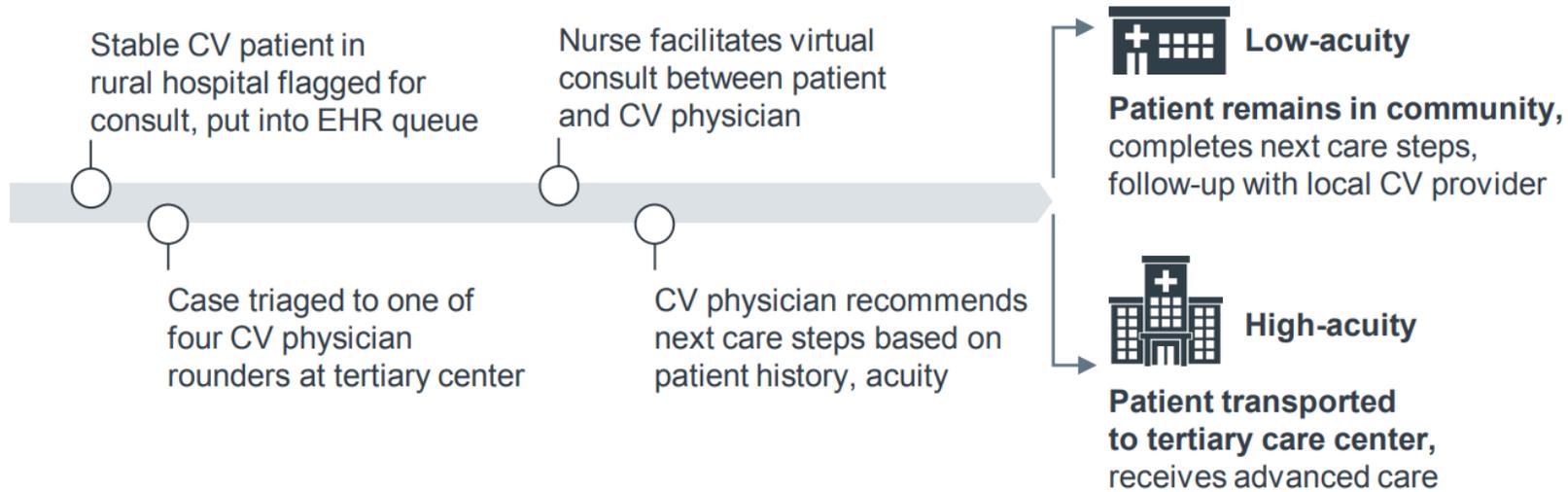
Historical data analysis found 80% of CV short-stay cases at spoke hospitals were attributed to four CV conditions:

- Heart failure
- Syncope
- Atrial fibrillation
- Chest pain



Developed telecardiology protocols to support spoke hospital management of these complex, common CV conditions

## Standard Telecardiology Patient Pathway



## Telecardiology Pilot Program Outcomes<sup>1</sup>

**114**

Number of patients treated using protocols

**89%**

Of patients remained at community hospital

**60%**

Of patients transferred to tertiary facility required high-level CV procedure<sup>2</sup>

**\$1,524**

Estimated cost savings per patient encounter

# Video visit cases

## 2017

Cardiology

Psych Assessments

CRS

## 2018

EAP

Pediatrics

Neurology

Wound

Stroke

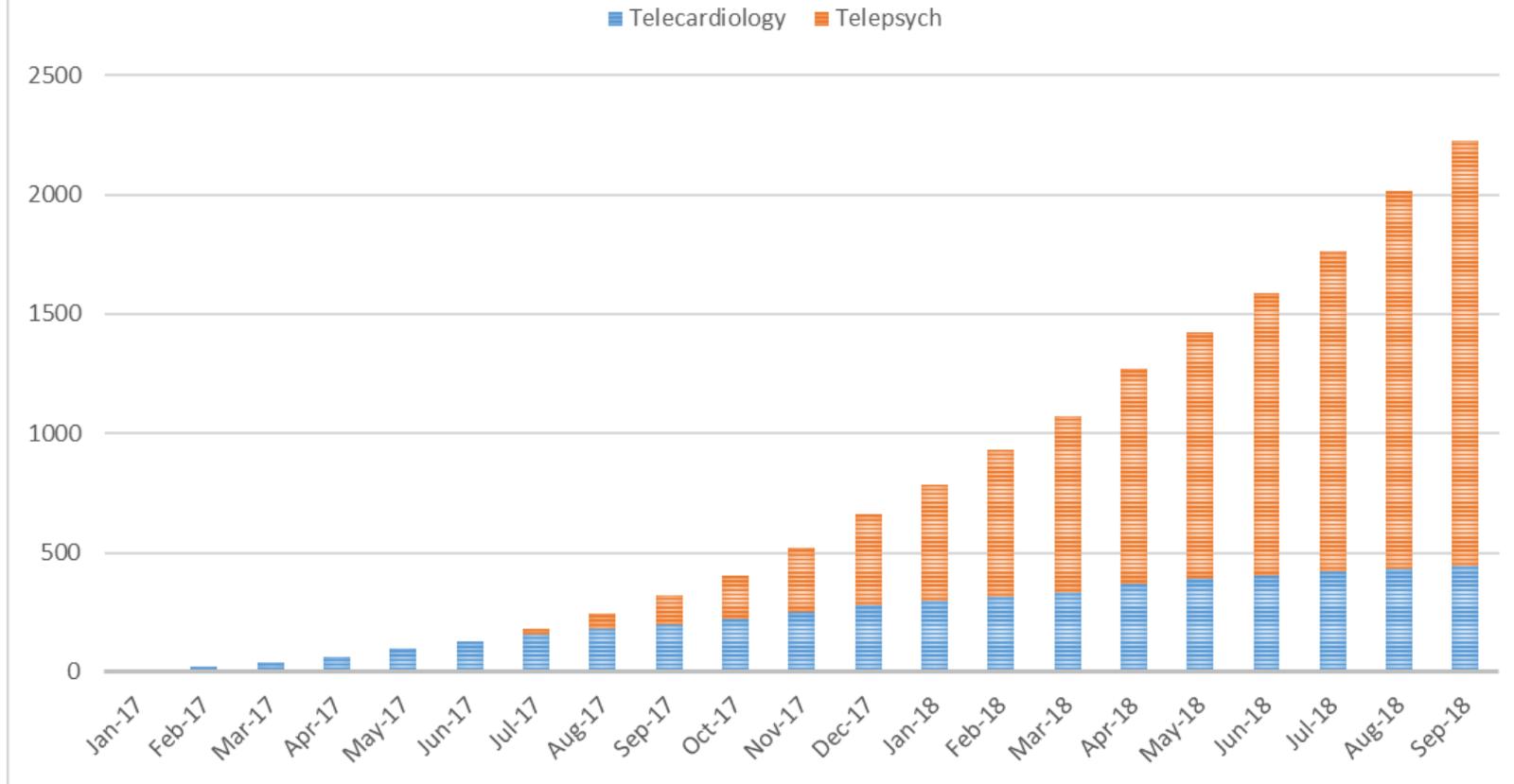
Population Health

Cancer Nutrition

Welcome Clinic

Weight Management

## SPECIALTY VIDEO VISITS - CUMMULATIVE





Why?

Patient Stories in  
Northeast Indiana





# What Went Well/Lessons Learned

- ▶ Collaboration
- ▶ EMR software updates
- ▶ Champion
- ▶ Continuous Monitoring
- ▶ Success Stories

# Lessons Learned thus far

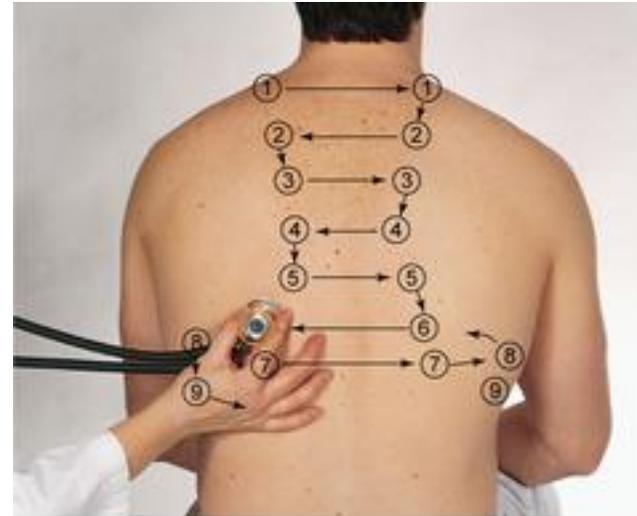
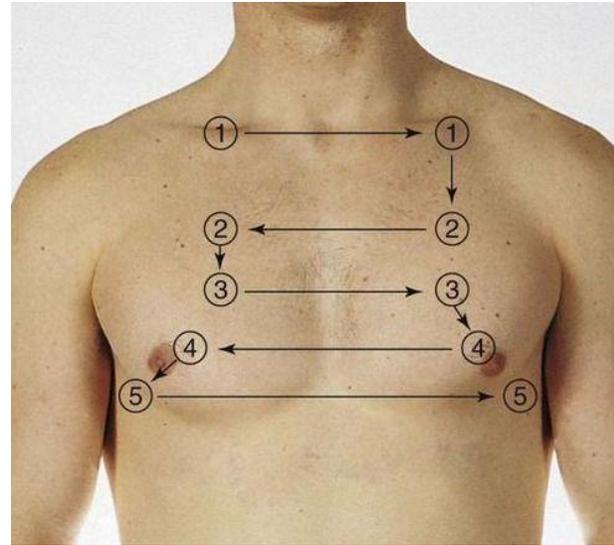
## ▶ Successes

- ▶ Engaged executives, engaged leaders
- ▶ Customer focused - embraced accessibility and value
- ▶ Word of mouth
- ▶ Strong communication (both internally and externally)

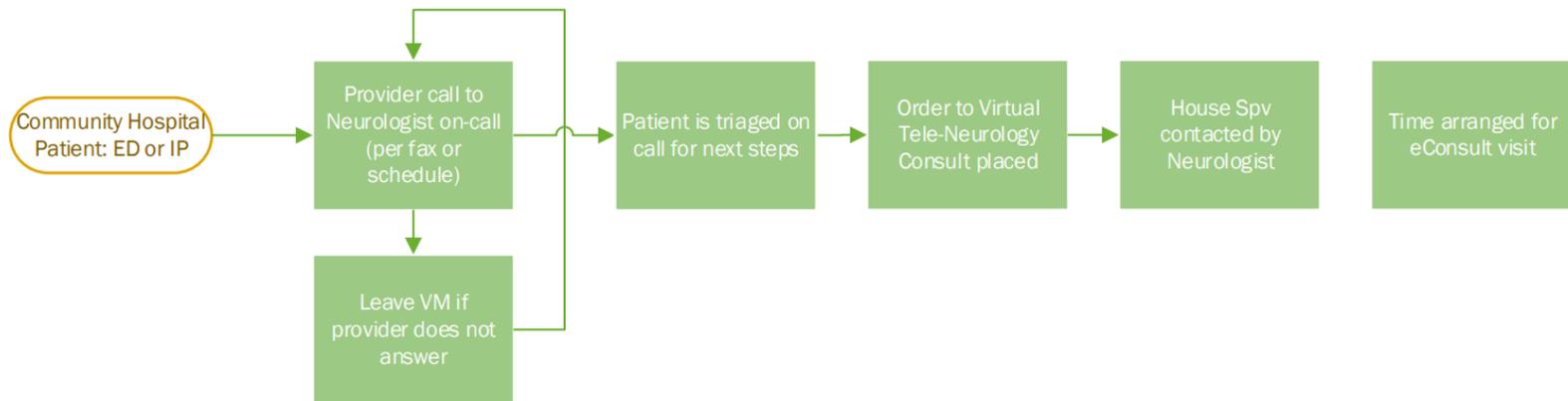
## ▶ Fails

- ▶ One offs, few engaged
- ▶ Lack of a customer focus, more of a “me” focus
- ▶ Not letting the consumer engage (restrictions)
- ▶ Not a strategic initiative

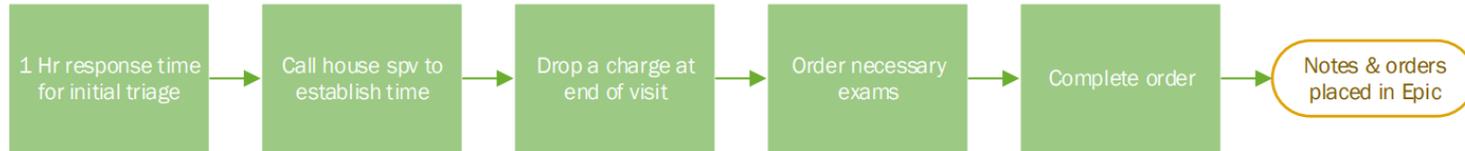
# Lung Sounds



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Neurology Expectations for eConsult



Community Hospital Workflow



## Average Length of Hospital Stay per Encounter Type

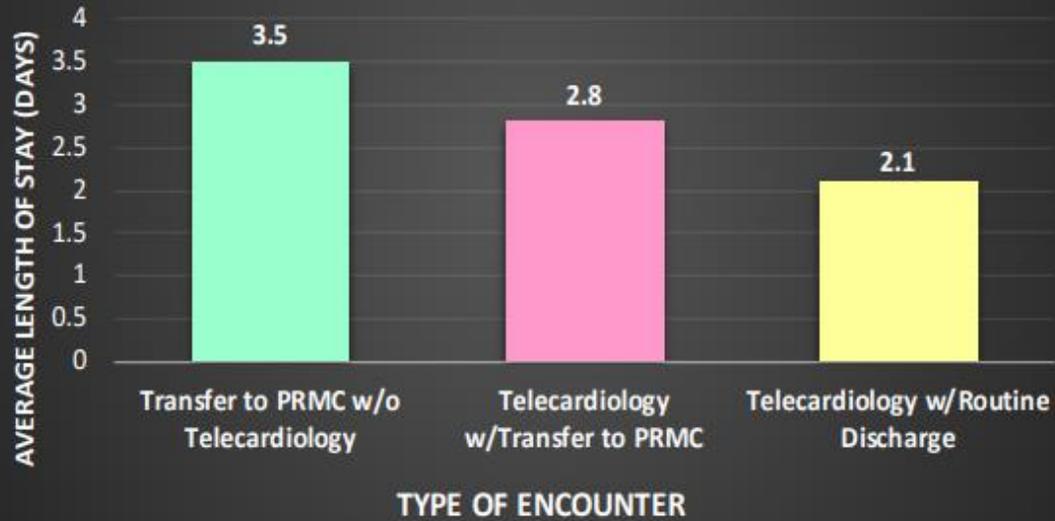


Figure 2: Average stay length for encounter type. [Courtesy of Joseph Breckle]

## Average Cost per Encounter Type

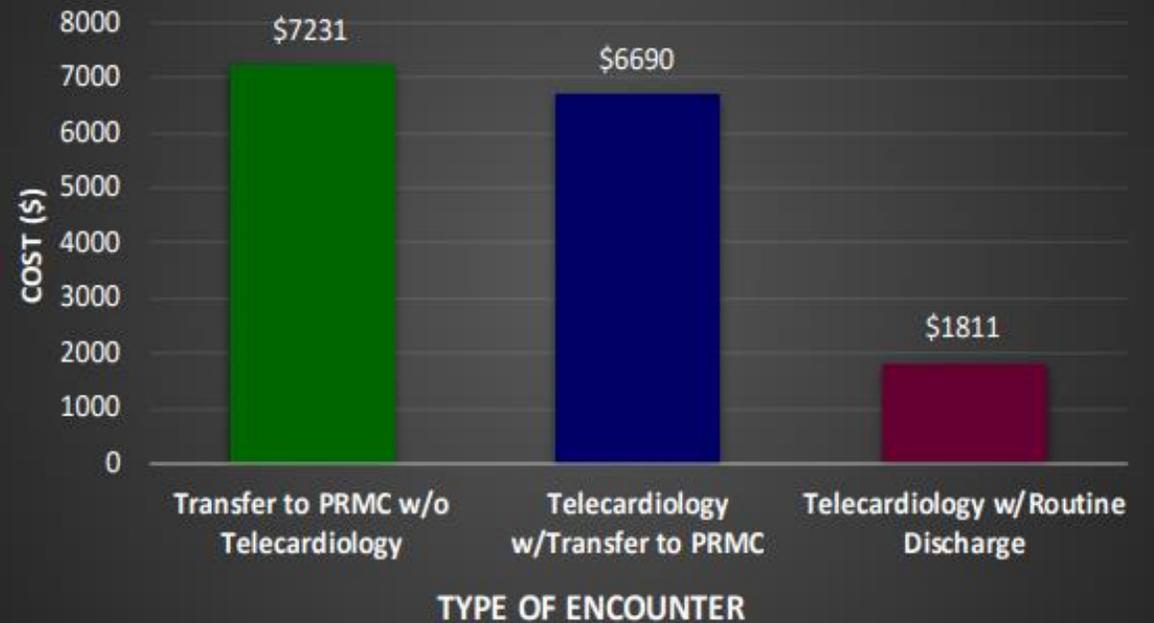


Figure 3: Average cost of each encounter type. [Courtesy of Joseph Breckler]

# Past Challenges

- ▶ Charging, coding, routing
- ▶ Privileges
- ▶ Equipment
- ▶ Change in direction/scope
- ▶ Legal (Compliance, HIPAA, Access)

# Future Challenges

- ▶ Deep Integration vs. Cloud vs. Contextual
- ▶ New equipment upgrades - fast paced!
- ▶ Transition from early adopters to mass usage
- ▶ Consents/HIPAA
- ▶ Verification of patient
- ▶ Security & Connections

# Thank you!

Open discussion, please share your thoughts and questions!

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