Making a Case for Healthcare Innovation

A Selected Case Study in Healthcare Innovation and Transformation...

Objectives:
- Deliver worldwide access to healthcare.
- Reduce the service barriers that exist for patients who live in rural parts of the world.
- Improve and promote the availability and provision of specialized healthcare services.
- Educate and provide training and technical assistance to hospitals, clinics and primary care providers.

Program Description:
The Global Partnership for Telehealth (GPT) serves as an umbrella organization for affiliate agencies that promote improvements in healthcare and healthcare facilities by assisting the establishment of telemedicine programs within underserved areas. GPT embodies Alabama, Florida and Georgia Partnerships for Telehealth, the Southeast Telehealth Resource Center and GPT Missions.

What lies at the heart of GPT is its Open Access Network, a web of national and international strategic partnership clinical access points with successful existing telemedicine programs. This comprehensive network, which has more than 600 locations and more than 200 specialists and providers, also supports the creation of new telemedicine locations to maximize opportunities for timely specialty services across the globe. GPT shares its solutions in a variety of environments—school systems, skilled nursing facilities (SNFs) and small to mid-sized hospitals.

Connecting Students With Telemedicine

The first GPT school-based projects began in 2009, in rural south Georgia where there was a growing need to connect to specialists. Currently, the primary focus of these telehealth centers is psychiatric care, including ADHD management, autism and therapeutic services.

Telehealth is also used in south Georgia to keep children in school by offering acute care services. Instead of pulling a child with signs of an ear infection out of class, a student can visit a school health center equipped with telemedicine devices. Using the video-enabled Avizia CA300 telemedicine cart paired with the Avizia Horus Scope and its general exam and otoscope lenses, a school nurse connects students to a primary care provider to share images—an easy, reliable and flexible process. With that information in hand, a physician can make a diagnosis, develop a treatment plan and prescribe necessary medications at a student’s choice of pharmacy.

“By equipping school nurses with telemedicine, they are further empowered to make even more of a difference in the lives of these children,” says Loren Nix, R.N., director of school-based telehealth for GPT.

Using Avizia’s telemedicine carts and peripherals, GPT bridges the connection between participating schools and clinicians by offering access to its complete network of providers and partners. As a bonus, faculty and staff in participating school districts can also use the school-based telehealth centers.

Telemedicine Compenses for Lack of Clinicians in Nursing Facilities

One of the greatest challenges in providing comprehensive healthcare services to SNFs is the lack of clinicians that are on site around the clock. Typically, a physician provides coverage to multiple SNFs and has limited onsite hours at each respective facility. After hours, in-person coverage is almost never available. In the event of an urgent patient situation, a nurse contacts an on-call physician to discuss a patient situation over the phone, often resulting in an unnecessary transfer to an emergency room (ER) because a physician has insufficient information to make an informed decision. Transfers place an economic burden on the patient and healthcare system and more importantly, could be traumatic to a patient and a setback in recovery.

In addition to a shortage of on-call doctors, nursing home staff is often ill equipped to care for residents with mental disorders, and lack access to psychiatric consultations. This is especially alarming because an estimated 65% to 91% of nursing home residents have a significant mental disorder.1

GPT is currently growing its network of services to include SNFs and has worked closely with Avizia to implement technology needed to effectively administer care. Skilled nursing facilities are using telehealth for psychiatric evaluations, medication management and dementia and depression.

Future services will include employee health and wound care. To treat wounds, images are sent to specialists for evaluation using store and forward technology. GPT expects to take advantage of Avizia’s mobile telemedicine cart, a Littman Bluetooth stethoscope and an ascope with multiple lenses (JEDMED Horus Scope), a hand-held video system with interchangeable attachments that captures images of the body. “The GPT network disrupts the typical silos of care and provides a conduit so that all medical providers can work together in a common space,” says Sherrie Williams, executive director, GPT.

(continued on page 2)
Rural Hospital Patients Receive Better Access to Care

Economic pressures put on both small and mid-size hospitals are forcing them to look for innovative solutions. For small hospitals, there is a significant challenge in being able to provide certain services and if offered, making them convenient for patients to access. Mid-sized hospitals, which have historically utilized services from the GPT network, have concluded that they have unique services to offer, especially to small hospitals with limited resources. By joining the GPT network, small hospitals are able to bridge gaps by offering ancillary services via telemedicine. GPT is transforming the landscape for small and mid-level hospitals in Georgia:

Rural critical access hospitals can now offer multiple specialty care service lines, thus enhancing their ability to develop new sources of revenue. Not only does this improve the economic viability of a hospital, but it also makes comprehensive, local healthcare a reality for rural citizens.

Each facility has unique requirements based on service lines. While some hospitals need an ER solution, others seek technology for patient consultations. Specialty care services currently include neurology, pediatrics and psychiatry. “Telemedicine creates a system so that time and distance are erased for the patient,” says Jeff Robbins, telemedicine director, Tift Regional Medical Center. Avizia’s telemedicine carts are also being applied to enable training and education by creating virtual classrooms between a remote location and a cart connected to a second screen.

Results: One of the key outcomes in establishing school-based, telehealth centers is linking primary care with schools to create a hub, which then connects schools to parents and community-based organizations, providing healthcare services to children that would not otherwise have them. Success metrics include:

- Hospitals provide 1,500+ telehealth encounters annually.
- A mid-sized hospital provides 60+ pre-op kidney transplants per year.
- A mid-sized hospital enables 150 ER neurological consults per year.

For SNFs, the greatest financial value is found in utilizing telemedicine carts for reducing patient transfers to the ER. It is estimated that $500 to $800 is saved for each avoided transfer. By offering 24/7 access to an SNF medical director via video, providers are able to accurately assess a patient’s needs, determine if a transfer is necessary and advise a nurse on the appropriate care protocol.

Innovation in science, analytics and digital data capture technologies, for example, can evaluate real-world outcomes in a better and accelerated way to target the most appropriate patient populations, ultimately reducing systemic waste and improving health outcomes.

Thought Leaders’ Corner

Q. How Can Innovation Contribute to Value-Based Healthcare?

With value-based healthcare, all initiatives are truly about incentivizing providers, plans and everyone on that continuum. The provider is now paid based on patient satisfaction scores and the effectiveness of care. The key is reducing the redundancies where one part of the ecosystem is ordering a lab test that someone else already did. Regarding innovation, how do you share information along that continuum so everyone involved knows what can and cannot be done without approval? That can be accomplished through a large delivery system that a provider can access. Rules are built into the program to prevent the authorization of a test that has already happened. Most importantly, the program can make people aware of the performance across the value continuum, with dashboards included to make performance information available in real time. That can be used to drive your reimbursement as a plan or group cluster and help the provider manage itself.

We have learned that there is no “one-size-fits-all” approach. We will soon launch an initiative with a hospital and nursing facility owner to leverage our software across their domain so they can participate in value-based care. If someone is discharged from the hospital into a skilled nursing facility and eventually returns home, these transitions are managed through our software. None of this happens without the patient. Patient engagement in the home, when developing a plan of care, is extremely important. It comes down to empowering people so that they are comfortable in managing their own care.

James Henderson
Vice President, Innovation
Independent Living Systems
Miami, Fla.

Today, the amount of data available through the digitalization of health records, as well as innovative approaches to data capture and analysis, are changing the way all stakeholders—from patients and physicians to drug developers and payers—interact with the healthcare system.

For example, the increased access to health information coupled with the growing burden of healthcare costs are driving patients to take a more active role in their healthcare decisions. They are studying their family history, taking steps on their own to change behavior and seeking advanced diagnostic and genetic tests often before they enter a doctor’s office. Similarly, many payers require real-world evidence to help them better balance the need to improve patient outcomes and realize the benefits of innovative new drugs and technologies with the need to remain budget-conscious. Our industry can improve value across the healthcare ecosystem by harnessing the power of data collected outside of the traditional, controlled clinical environment to generate insight from real-world evidence. We must also connect key stakeholders through innovative observational research approaches, such as patient registries and digital tools. By better leveraging innovative electronic and digital data capture technologies, for example, we can evaluate real-world outcomes in a better and accelerated way to target the most appropriate patient populations, ultimately reducing systemic waste and improving health outcomes.

Innovation in science, analytics and therapeutic knowledge offers the promise of improved healthcare delivery. By working across stakeholders with a system focus on real-world evidence and outcomes, a healthier world is possible.

Andrea Spannheimer
Global Head
Real-World and Late Phase Research
Quintiles
Munich, Germany
Our healthcare system is constantly evolving in pursuit of better patient outcomes at lower cost. To address these changes, we must innovate for our patients within a healthcare system shaped by colliding forces—cost constraints, demands for quality and increasing patient needs.

At Astellas, we've found a way forward that works for us—a patient-first, collaboration-driven model that embraces open innovation by working with all stakeholders across the spectrum, including patients, providers, payers, regulators, biopharmaceuticals and academia. In this way, we can be flexible and nimble enough to adapt to change and meet the dual imperatives of encouraging the development of innovative medicines while ensuring access and affordability for patients.

Along with collaboration-driven innovation, business model innovation is critical. At Astellas, we are working with a variety of integrated health networks and accountable care organizations to generate opportunities that deliver value for patients. For example, we are working on a unique effort to bring together researchers and healthcare experts to develop ways to reduce inefficiencies in the management of various conditions.

By continuing to implement an innovation model grounded in collaboration, we will continue to turn innovative science into value for patients.

James (Jim) Robinson
President
Americas Operations
Astellas Pharma US, Inc.
Northbrook, Ill.

From where I sit in the jungle of healthcare, innovation is about prevention in a patient-centric environment.

Prevention rather than early diagnosis of disease is where innovation awaits. Our medical school and post-graduate training programs are skewed toward general, protocol-based public health, disease-centered healthcare delivery.

When clinicians, healthcare industry pundits and insurance companies start making the distinction between early diagnosis of disease and true prevention, we all become innovators in healthcare. All we have to do is shift our focus from waiting for disease to happen to creating tools to prevent disease.

The less invasive, the more intelligent and more individualized the tools, the better the outcomes and the more likely we are to improve healthcare delivery and retain physician excitement and interest in the care of the patient.

As a critical care doctor, an internist with almost 20 years of practice in acute care and then moving on to identifying the pervasive need for true prevention, there is no doubt that when primary care physicians can fearlessly, compassionately and successfully take care of a patient and spend the necessary time with that patient addressing diet, exercise, stress, lifestyle, supplements, hormones, genetics and medical issues as part and parcel of a patient's entire care, the results are nothing short of magical.

Taking care of the entire human being rather than the parts is unequivocally evidence-based medicine and uses a true prevention approach. Now that's innovation to me and to my peers, who practice it every day on millions of patients who rarely if ever enter the public health model of disease-centric medicine. And not to mention, we save billions of dollars in our bankrupt healthcare system.

Erika Schwartz, M.D.
Founder
Evolved Science
New York, N.Y.

Mari Edlin serves as editor of Healthcare Innovation News. She is a graduate of Stanford University and a long-time San Francisco Bay Area freelance writer, specializing in healthcare. Mari invites you to submit bylined articles on innovations in healthcare and case studies describing forward-thinking examples. For more information, contact her at MLEdlin@comcast.net.