

WHY HOSPITALS FAIL AT VIRTUAL HEALTH

...and how formal project
management can save the day!

Dan Watterson, PMP
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- ▶ Virtual Health, Telemedicine, Telehealth...
- ▶ The evaluation, diagnosis, treatment, and/or monitoring of patients in remote locations using technology.

WHAT IS VIRTUAL HEALTH?

- ▶ Improved Outcomes
- ▶ Increased Margins
- ▶ Improved Patient Experience
- ▶ Increased Clinician Satisfaction

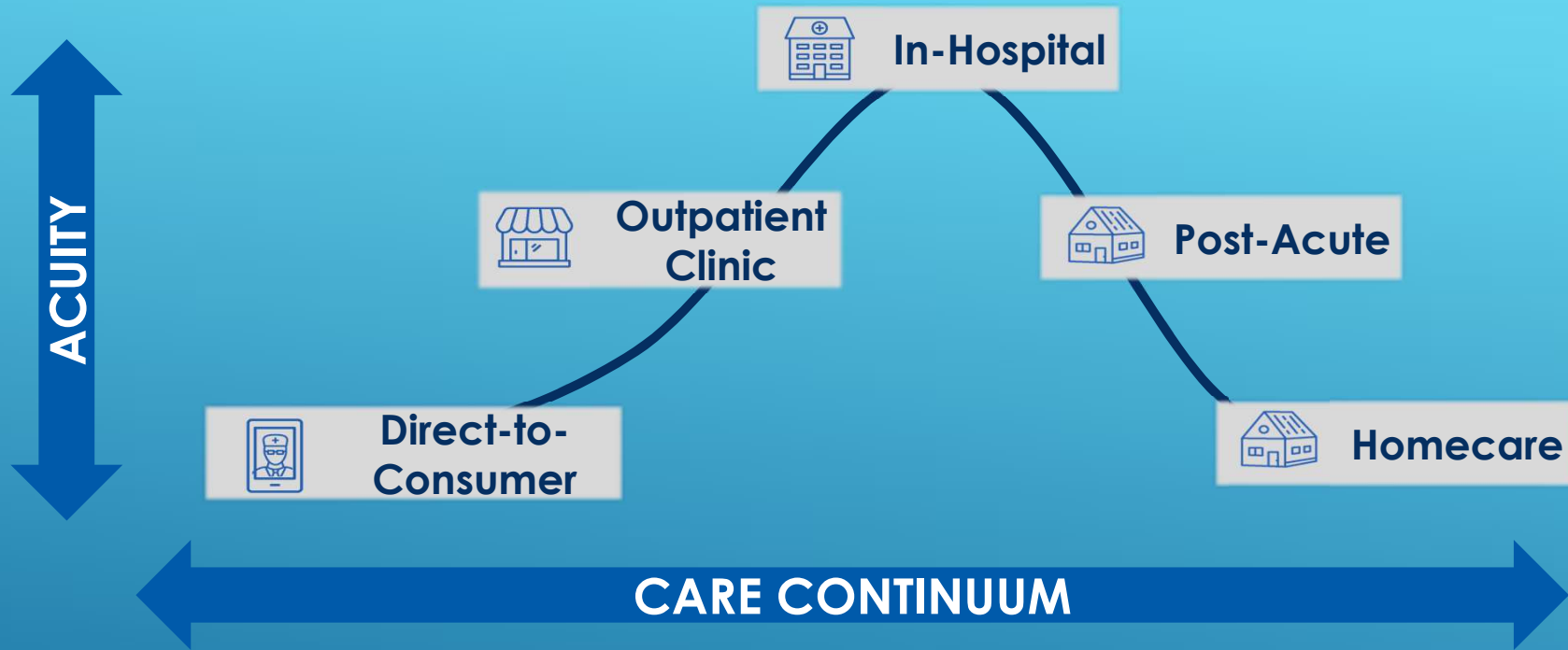
BENEFITS OF VIRTUAL HEALTH

- ▶ Consumer Demand
- ▶ Provider Shortages
- ▶ Payors / Employers Seeking Lower Cost
- ▶ Value Based Reimbursement / Bundles
- ▶ Readmission Penalties

DRIVERS OF VIRTUAL HEALTH

- ▶ Asynchronous (Store & Forward)
- ▶ Synchronous (Real Time)
- ▶ Remote Patient Monitoring (RPM)

TYPES OF VIRTUAL HEALTH



VIRTUAL HEALTH CATEGORIES

- ▶ DTC: \$700k in additional revenue annually ¹
- ▶ High Risk Pregnancy: 66% cost reduction ²
- ▶ TeleICU: Reduced Mortality 22%, LOS 25% ^{3,4}
- ▶ Telestroke: 75% of spoke patients were retained ^{5,6}
- ▶ Chronic Disease: Readmissions from 20% to 5% ⁷
- ▶ Diabetes Management: No readmissions, projected savings \$189 million ⁸

CASE STUDIES

1. <https://thesource.americantelemed.org/blogs/jessica-washington/2017/04/21/zipnosis> 2. https://www.managedcaremag.com/system/files/storypdfs/0111_peer_highrisk.pdf
3. <http://www.usa.philips.com/a-w/about/news/archive/standard/news/press/2016/20161213-New-study-demonstrates-improved-patient-flow-and-financial-benefits-of-Philips-eICU-Program-for-managing-critical-care-populations.html> 4. <http://www.advancedicucare.com/insights/category/case-study/> 5. <http://discover.intouchhealth.com/Michigan-Stroke-Network-Case-Study>
6. <https://reachhealth.com/telestroke-roi-case-study/-Request.html> 7. Dahl, D., Khurana MD, H. (2015). *Impact of an intensive ambulatory program on both financial and clinical outcomes in Banner Health, revisit the initial cohort with extended follow-up. Unpublished internal study.* 8. <https://www.aha.org/system/files/content/117/telehealth-case-examples.pdf#page=16>

HARDWARE AND PERIPHERALS





- ▶ Decision Support (Best Practices)
- ▶ Clinical Algorithms / Rules / Alerts
- ▶ Service Specific Documentation
- ▶ Scheduling and Call Routing
- ▶ Service Specific Questionnaires

COMMON SOFTWARE FEATURES

- ▶ Medicare Legislation
- ▶ Private Payor Parity Laws
- ▶ Interstate Licensure Compact

MARKET TRENDS



- ▶ ~ 80% of patients are willing to try virtual care¹
- ▶ ~ 20% of patients would change their PCP to one that offers virtual care²
- ▶ ~ 70% of providers use virtual health³
- ▶ Increased vendor competition

MARKET TRENDS

1. <https://www.advisory.com/research/market-innovation-center/research-briefs/2017/> 2. <http://go.americanwell.com/2017ConsumerSurvey.html> 3. <http://www.himssanalytics.org/essentials-brief/essentials-brief-2017-inpatient-telemedicine-study>

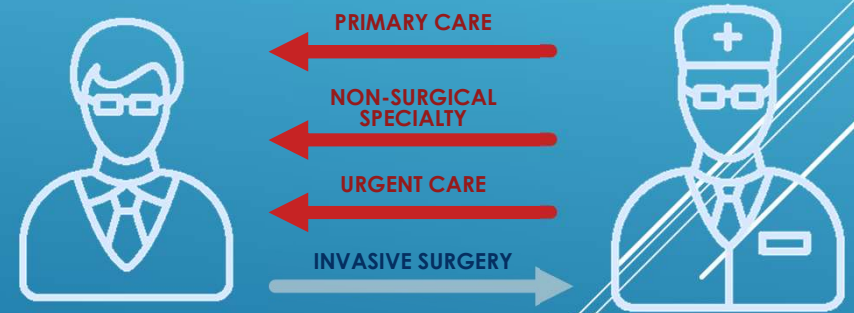
MANY INDUSTRIES HAVE BEEN TRANSFORMED BY TECHNOLOGY ADVANCES



TODAY'S HEALTHCARE



TOMORROW'S HEALTHCARE



UBIQUITOUS HEALTH



PROACTIVE
MONITORING/
ARTIFICIAL
INTELLIGENCE



IN-HOME LABS



MEDICATION
ADMINISTRATION
AUTOMATION



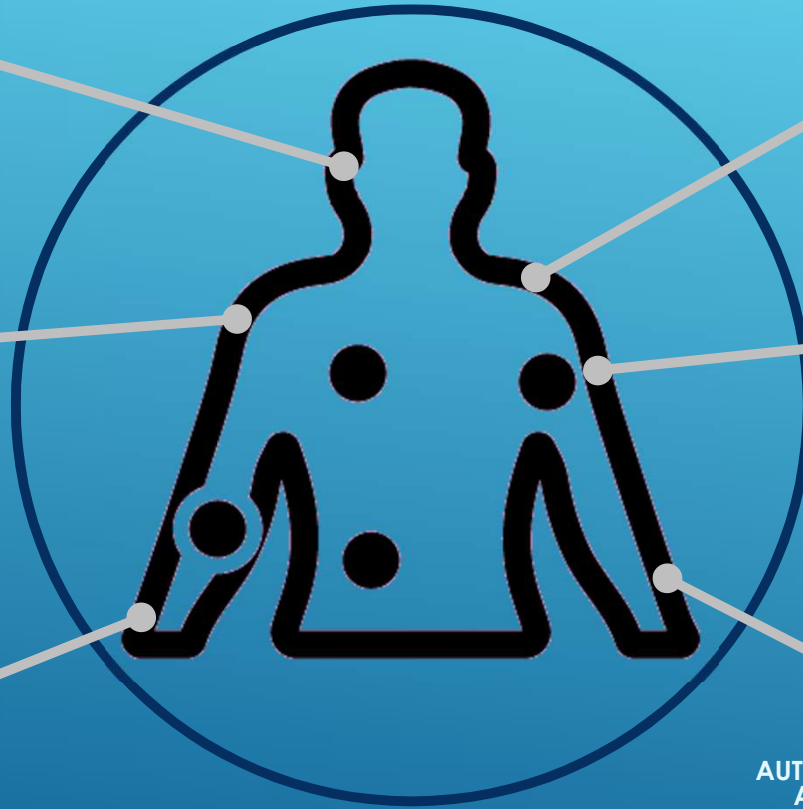
ON DEMAND
MEDICATION AND
SUPPLY DELIVERY



DX AND TX VIA
NANO-TECHNOLOGY



AUTONOMOUS IMAGING
AND DIAGNOSTICS



FUTURE

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CREATE A PROJECT CHARTER!

THANK YOU!!!

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- ▶ **Wrong team, wrong strategy**
- ▶ **Poor project execution**
- ▶ **No post live program evaluation/improvement**

WHY HOSPITALS FAIL

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- ▶ **Wrong team, wrong strategy**

- ▶ Poor project execution

- ▶ No continued program evaluation/improvement

WHY HOSPITALS FAIL

- ▶ Clinically Led Initiative!
- ▶ Respected Clinical Champion
- ▶ Administrative Executive Sponsor
- ▶ Multi Disciplinary Program Governance

BUILD THE RIGHT TEAM



- ▶ Enterprise Wide Assessment
- ▶ Strategy: Macro then Micro
- ▶ Complementary Strategy
- ▶ Legal and Regulatory Review

EVALUATE AND CREATE A STRATEGY

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- ▶ Define Clinical Requirements
- ▶ Old Equipment May Suffice
- ▶ Outside Provider (PSO)
- ▶ Multidisciplinary Vendor Selection Committee

PICK THE RIGHT TECHNOLOGY AND
CLINICAL PARTNER



- ▶ Wrong team, wrong strategy
- ▶ **Poor project execution**
- ▶ No continued program evaluation/improvement

WHY HOSPITALS FAIL

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- ▶ Small Pilot
- ▶ Experienced project manager and a multidisciplinary project team
- ▶ Hire VH leadership positions

START SMALL WITH THE RIGHT PEOPLE

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- ▶ Establish a project charter
- ▶ Focus on the details of the clinical process:
 - Guidelines and Protocols
 - Workflows
 - Webside Manners
- ▶ Training Plan

FORMAL PROJECT METHODS

- ▶ Define program success / KPI' s
- ▶ Define methodology and frequency to measure
- ▶ Establish a baseline

DEFINE SUCCESS AND MEASURE

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- ▶ Initiate support and release management from the start
- ▶ Include support team in key implementation activities (testing, training, etc.)

PLAN SUPPORT FROM THE START

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- ▶ Key stakeholder buy-in is a MUST!
- ▶ Create Formal Communication Plan (charter)
- ▶ Include Marketing / Communications Dept.
- ▶ Communicate the who, what, why, when and how...and repeat, and repeat, and repeat...
- ▶ Engage clinicians early and often

FREQUENT AND THOROUGH
COMMUNICATION

- ▶ Plan for clinician licensure and credentialing
 - ▶ Typically the #1 risk to go live
 - ▶ Credentialing by proxy
 - ▶ Delineation of privileges (DOP)
- ▶ Clinician by-in

KEY RISKS

- ▶ Wrong team, wrong strategy
- ▶ Poor project execution
- ▶ **No continued program evaluation/improvement**

WHY HOSPITALS FAIL

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- ▶ Measure, Measure, Measure
- ▶ Continued Clinician Engagement
- ▶ Internal and External Marketing
- ▶ Formal Quality Improvement Cycle

PROGRAM OPTIMIZATION



QUESTIONS

