



Telehealth

# Vision - Strategy – Plan DRAFT Sept. 2018



# TeleHealth Vision

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- Enable Telehealth to make healthcare better so life can be easier
- Best in class – Nationally recognized Program
  - Deliver care and expertise where and when needed
  - Maximizes quality and fiscal responsibility
  - Allows Banner to Brand itself and deliver the most advanced healthcare and “world class” expertise to its patients wherever they enter the Banner system

# World class healthcare at your doorstep

## Envision



Ogallala or Washakie are no longer small, limited service, critical access hospitals – They are the front door to World Class expertise and care - The healthcare customer opens the door (either on the Web or at the facility) and are suddenly linked to the best cancer care, Cardon and Diamond Children's, 3 University Medical Centers/Centers of advanced research and the highest levels of expertise.

# Banner Telehealth Today

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- A work in process
- Tele-ICU – Largest in the US – Best?
- Tele-behavioral – Expanding
  - ER/Crisis intervention, Integrated Care PCPs
- Tele-stroke – Outsourced by region
- Home – 90 day Post Acute monitoring
- Eye care / Ophthalmic screening – 4 programs
- 131 total programs In place, In process or Requested

# Banner TeleHealth - TeleICU

Transforming from an acute  
hospital system to a  
population health enterprise

2006-2018 Impact:

**15,297 lives**

estimated saved, as reported  
(comparing to benchmark data)

**\$887M+ saved**

**550,916**

fewer hospital days

**297,613**

fewer ICU days than predicted



# Strategy – Into the Future



Key elements:


- Strategic fit / Contribution
- Central management of:
  - Services, systems platforms, technology, analytics and measurements
  - Support a standardized approach to care
- Central contract management for services
- Site coordination
- High quality service delivery – Competitive price
- Strong Communications

# Major Plan Elements

- Healthcare now – Virtual PCP
- Centralized services
- Decentralized services
- Future direction

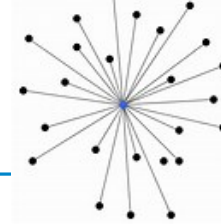


# Healthcare now – Virtual PCP

- Integrate to Banner – Platform approach
  - Cerner/EMR, Banner Providers, Digital Entry Point
- Triage – Resolve – Triage – Direct to right provider
- Uberize - Banner providers preferred
  - Engage/platform – Right provider 
- Phase 2 / Digital
  - Engage – I see you are ... / you have ...
  - Follow-up – Success? How can we help? What more can we do? ID gaps
    - NPS

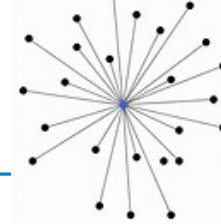


# Centralized Services



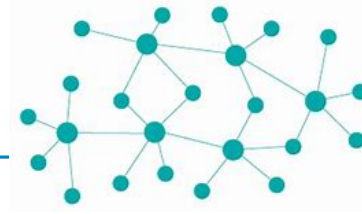
- Where Continuous Demand justifies Centralized Systems & Staff
- Manage and deliver services to all of Banner  
Includes: platform, systems, process, rules, data analytics, measures (including revenue), support, training, maximize adoption
- Contract management

# Centralized Services



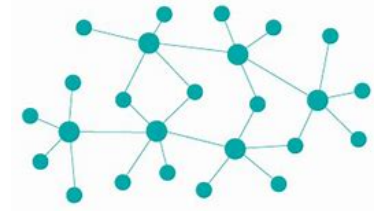
- Virtual PCP
- Tele-ICU
- Tele-Behavioral
- ER LWOT
- Tele-Stroke
- Chronic Disease Mgt.
  - In the home
- Cost, outcomes, quality, consistency
- AZ ER > PCP > West Reg
- Cost, patient experience
- Critical service, quality, outcomes, referrals
- Reduced re-admissions, Improved quality and patient experience

# Decentralized Services



- Enable Episodic Encounters
  - Provide platform, systems, process, rules, analytics, measures (including revenue), support, training, promote adoption
- Contract management
- Scheduled – enable scheduling in normal work flow
- Unscheduled – Uberize
  - Call > Platform
    - Banner Provider
    - Banner Provider
    - 3<sup>rd</sup> Party
    - Contractor
- Providers manage own practices

# Decentralized – Specialties (more or less is demand order)



- Neuro
- OB (Nurse / Neonatologist)
- Pediatrics (Cardon, Diamond, Thunderbird)
- Oncology (MD Anderson / University Medical Center)
- Cardio/Pulmonary
- Infectious Disease
- Toxicology
- Genetic Counseling
- Endocrinology
- Sleep
- Burn
- Pain
- Rehab
- Urology
- Radiology
- Derm

# Site Coordinators / Engagement Specialists

- Part time position at each site
- Lead/Single contact/focal point in both directions
- Paid for with facility fees/service improvements, cost reductions
- Onboarding
  - Sites
  - Providers



# Current Telehealth Services in NOCO

Tele-ICU	Banner Tele-ICU	Arizona ROC	All NOCO Hospitals
Medical Oncology	Dr. George Ahmed Awais	BMG Phys office Greeley	Brush CO
Gastroenterology	Dr Sherif, Eric Wingerson, Dr.'s James Wolach, Jay Paddack,Curtis Crylen	BMG Phys Office Greeley	Brush & Sterling CO
Urology		BMG Phys Office Greeley	FT Morgan, Holyoke, Sterling, Yuma, CO
Burn Regional center	D. Garcia, Lindsey Deeter	Western States Burn Center, North Colorado Medical Center	CO, WY, NE, SD, ND, MT
Burn Psych Validation			
Pulmonology	Dr. Shedd,	BMG Phys Office NCMC>9 sites	FT Collins, Bridgeport, NE, Grant NE, Holyoke CO, Julesburg Co, Ogallala NE, , Sidney NE, Sterling Co, Torrington WY,
Cardiology	Dr. Hatch, Drury,Pfahnl, Hirsch, Parker	BMG Phys Office NCMC>9 >sites	Brush, FT Morgan, Haxtun, Holyoke, Sterling, Yuma, Wray CO, Torrington WY, Ogallala NE
Endocrinology	Dr James Speed, Corin Sadler	BMG Phys Office Greeley	Sterling CO
ElectroPhysiology	Dr. Arnold Pfahnl	BMG Phys Office Greeley	Wray, Yuma CO
Tele Neuro/Stroke	Intouch Health-via HealthOne/BlueSky physician group		
Neurology			Yuma, Holyoke
Nutritional consults	NCMC Dieticians		Holyoke
Allergy			Yuma, Sterling



# Lessons Learned

- Program failures are preventable.
- Success requires:
  - Strategic Fit
  - Engaged providers – Bench depth
  - Engaged users / Customers –
    - Site Coordinators - Engagement Specialists
  - Easy to use, cost effective, reliable technology
  - Clear service Definition-Is, Is Not, LOS Agreement)
  - Workflows, Training, Onboarding
  - Ongoing support
  - Analytics, reporting, ongoing engagement

**THERE'S NO POINT IN  
DOING SOMETHING IF  
YOU AREN'T GOING  
TO DO IT RIGHT.**

PictureQuotes.com

## Next steps – Summary - Thinking

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- Basic technology/Net Mgt. selected Yorktel/Univago
- Extend current tele-stroke to all sites Q4
- Test site for current BH Q1
- Select and launch Virtual / On-demand partner Q1
- Engage providers In process
- Define needs and service packages Q4
- Define implementation process/resources Q4
- Select and launch platform Q1
- Select tele-stroke provider (may be same as platform) Q2
- Begin implementation
  - Add a specialty every quarter begin Q2

# DRAFT Plan / Schedule

Telehealth Plan DRAFT Sept18												
PROJECT	Q3-2018	Q4-2018	Q1-2019	Q2-2019	Q3-2019	Q4-2019	Q1-2020	Q2-2020	Q3-2020	Q4-2020	Q1-2021	Q1 - 2021
Video Virtual - Primary Care **	Contracting and integration	Systems and process integration Begin Onboarding Banner Physicians	Complete implementation onboard Banner providers and launch	Promote/incentivize adoption Onboard Banner providers	Promote use and expand Banner Provider participation	Promote use and expand Banner provider participation	Promote use and expand Banner provider participation	Add text based interactions or change vendors	Implement and promote	Promote Increase adoption	Promote Increase adoption	
eICU Systems/Process Upgrades	Univago Philips 4.1	BUMC-P (24 beds) Churchill (2 beds)	Waveviewer Nurse-Flow Complete	BUMC-T (18 beds)	Prepare to offer beyond Banner sites	Define systems needs	System changes Pre-sell services to non-Banner entities	Chandler (16 beds)	Implement	Implement	Cover all affiliates	
Behavioral - PCP	Complete plan with Imaginarium	Initial clinic launches	Add 12 clinics	Perfect onboarding	Add 12 clinics	Add 12 clinics	Add 12 clinics	Add 12 clinics	Measure and refine			
Behavioral - WR ER		Determine Locations and demand	Find resources	Complete licensing and credentialing	Implement and onboard 2 sites	Implement and onboard 2 sites	Implement and onboard 2 sites	Review and prep for additional sites	Banner and Non-Banner sites	Banner and Non-Banner sites	ongoing	
Tele-Stroke **	Assute all Banner sites have Tele-Stroke	Begin whole systems selection - RFP & Vendor Selection	Contracting and begin systems integration	Sign up initial Banner providers Begin Systems integration	Credential initial Banner providers Begin AZ implementation	Analysis / measurement Add / Credential Banner Providers	Add / Credential Banner Providers Add Colorado	Add NB, NV,WY, CA and Add Banner providers	Telestroke for Non-Banner	Expand Telestroke for Non-Banner	Expand Telestroke for Non-Banner	Expand Telestroke for Non-Banner
Specialty Consults **		Systems platform RFP & selection	Contracting and specialty Setting	Provider onboarding and Site Plans	Implement							
					1	onboarding						
						2	onboarding					
							3	Onboarding				
								4	Onboarding			
									5	Onboarding		
										Other	Onboarding	
Site Coordinator Implementation	Job descriptions and selling	Selection and training development	Selection	Training (Virtual)	Onboard with specialties	Onboard with specialties	Onboard with specialties	Onboard with specialties	Onboard with specialties	Onboard with specialties	1st Annual Meeting	
Emergency Room LWOT		2 sites	Measure and refine	4 sites	6 sites	6 sites	6 sites	3 sites				
Process changes												
Revenue Cycle		Define processes and general rules	Start billing for BH and site fees	Publish Billing Rules	Onboarding	Onboarding	Bill all Telehealth (everything we can)	Measure and refine				

# Future? Expanded Patient Engagement

- Intervention/engagement
- Pre/post procedure/encounter
- Post discharge communications
  - Transition support
  - ER – secured chat
  - Rehab
  - Behavioral support
  - Post delivery
- Expand preventive care
  - Eye scans for diabetes / pediatrics developmental / IDX or WA



# Balance

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- Centralized vs autonomy / Innovation
- Competitive cost vs Market
- Quality and Patient satisfaction