

# Transforming Rural Health Care through Telemedicine Collaboration

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BACKGROUND

## Avera Health

Avera is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian Values.



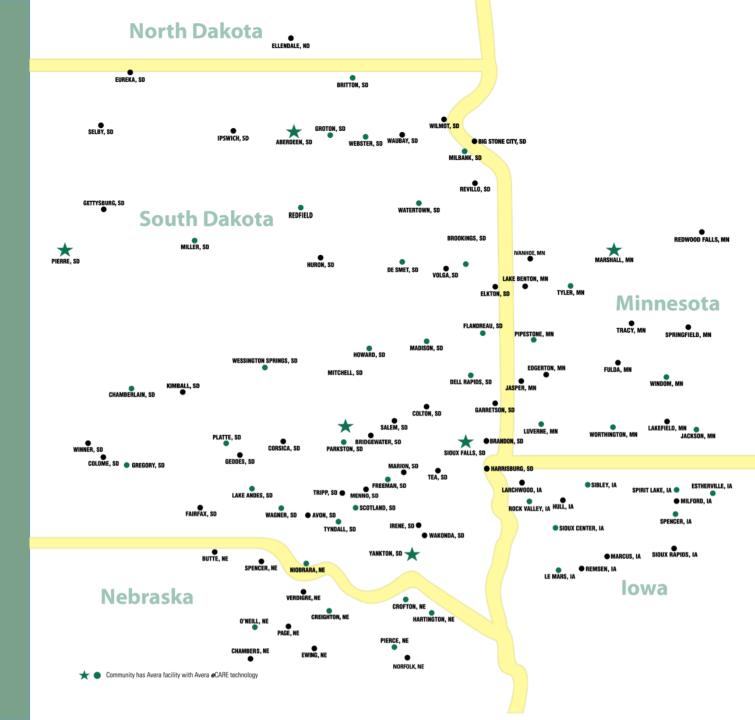


#### Avera Health

# 33

**HOSPITALS** 

80% CRITICAL ACCESS HOSPITALS



### Frontier and Remote (FAR) Level 1 ZIP Code Areas, 2010 Level 1 - FAR areas consist of rural areas and urban areas up to 50,000 people that are from an urban area of 50,000 or more people. FAR Level 1 Remote from Urban Areas of 50,000 or more people \*Note: Alaska and Hawaii not to scale States Department of Agriculture, April 2015

60 million rural Americans scattered over 95% of US landmass

Source(s): Economic Research Service, United Based on Census 2010 data

Discover

Health care in rural America is <u>critical</u> to the communities overall wellbeing. It can comprise as much as 20% of the rural economy.



In an emergency, rural patients must travel twice as far as urban residents to the closest hospital. As a result, 60% of trauma deaths occur in rural America, even though only 20% Americans live in rural areas.





673 Rural Hospitals in Danger of Closing

Discover

## Closed & Negative Margin Rural Hospitals





### Impact of 673 Rural Hospital Closures



11.7 M

Loss of Patient Encounters



99,000

Healthcare Jobs Lost



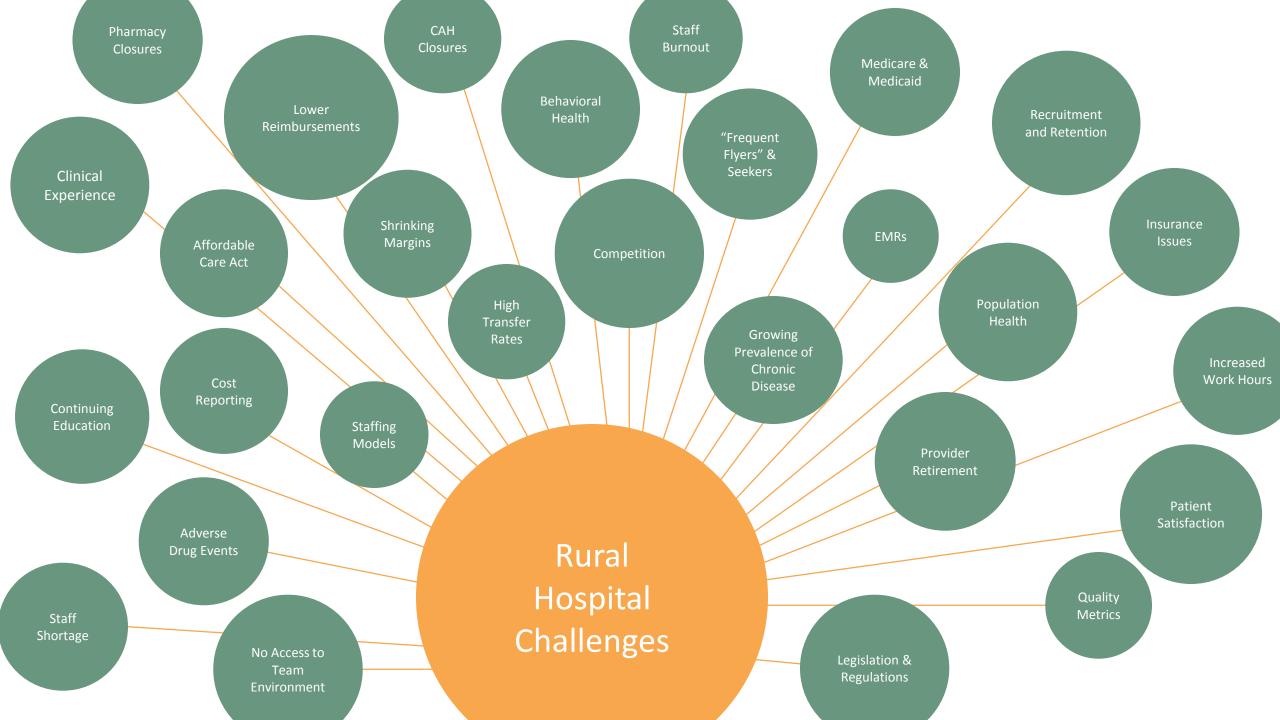
137,000

Community Jobs Lost



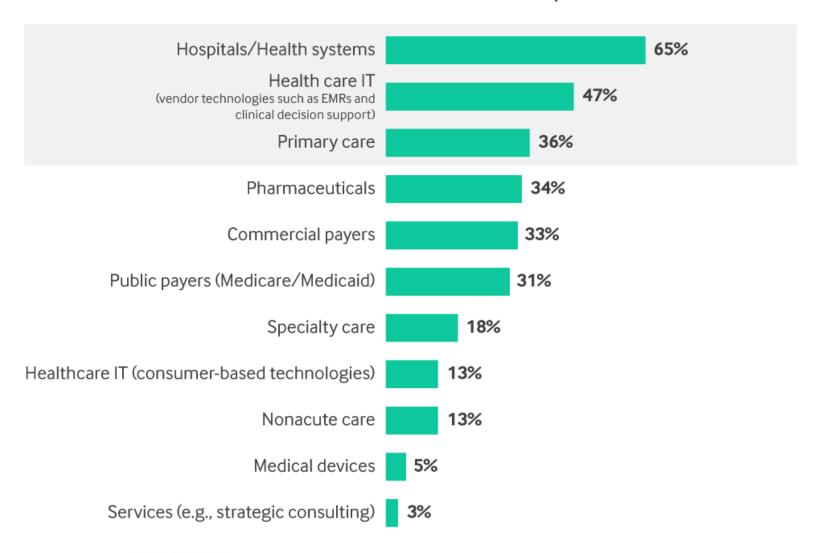
\$277B

Loss to GDP (10 years)





#### Health Care Sectors Most in Need of Disruptive Innovation







Virtual Care & Telemedicine

Access to Expertise

24/7 Collegial Support

Improve Quality & Patient Outcomes

Increase revenue

Enhance access to care

Prevent outmigration

Benefits of Telemedicine

Reduce cost

Enhance coordination of care

Meet CMS requirements

Patient convenience and satisfaction

Provider support and satisfaction

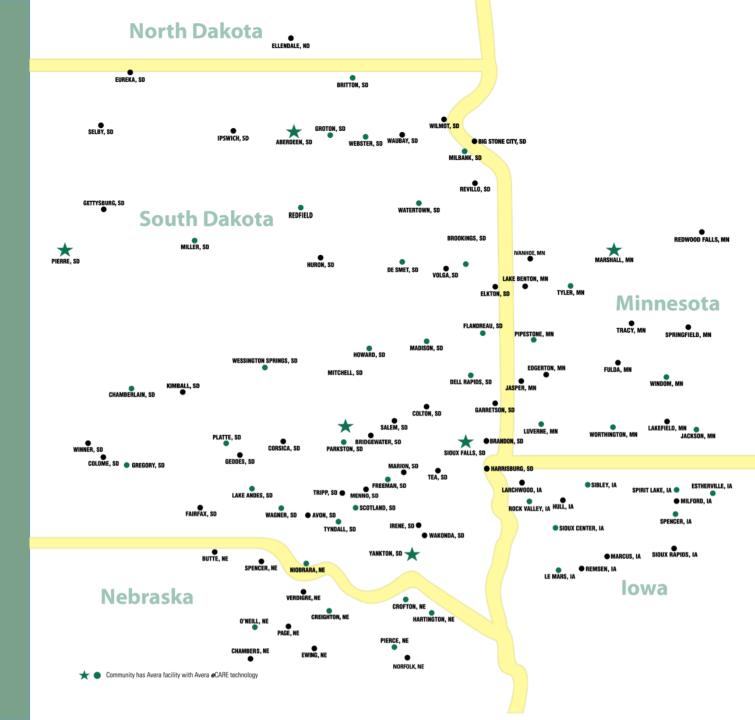
Discover Avera eCARE

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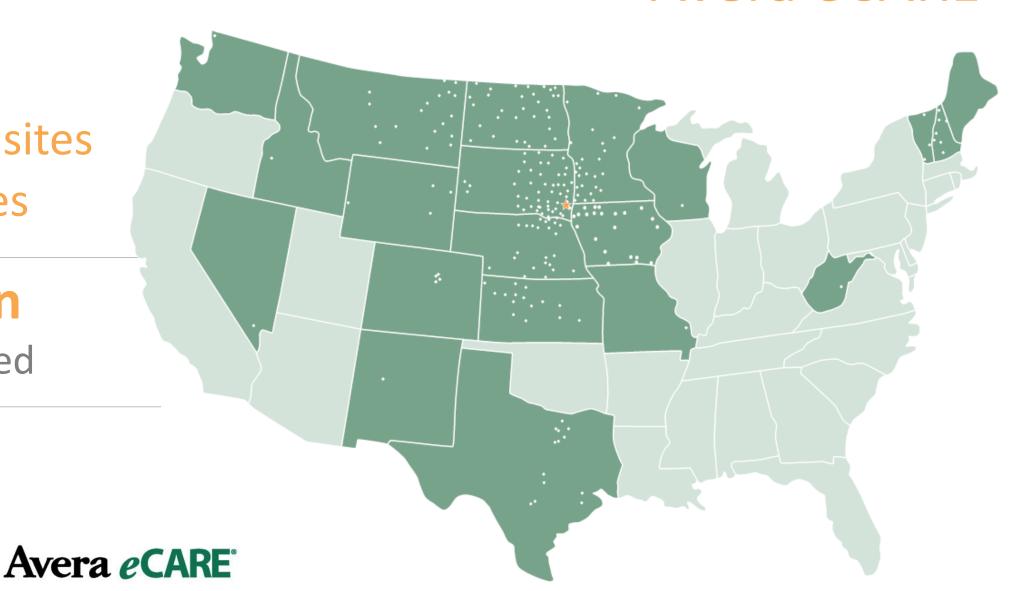
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### Avera eCARE

Over 440 sites in 20 states

## 1+ million

lives impacted



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Hospitals & Health Systems (e.g. Independent, Specialty, CAH, I.H.S)



Schools

Correctional **Facilities** 

Settings



What does collaboration look like?



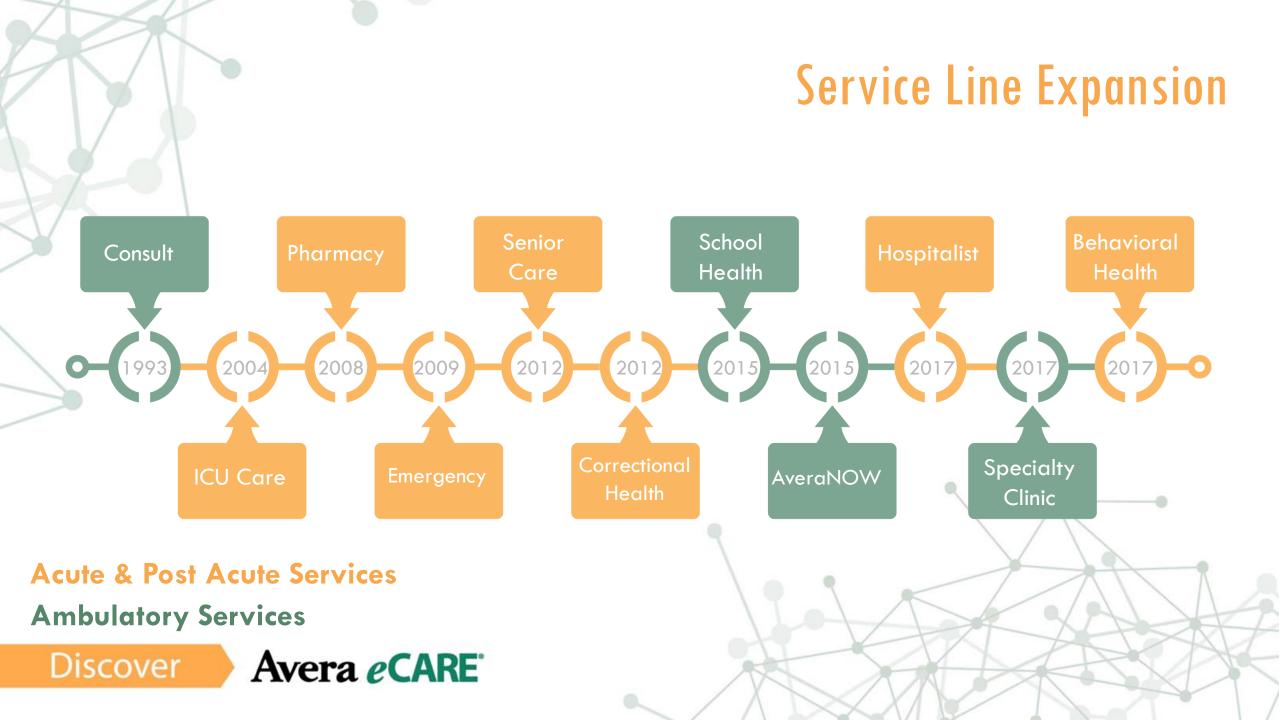
**Group Purchasing** Organizations





Accountable Care Organizations

Discover Avera eCARE

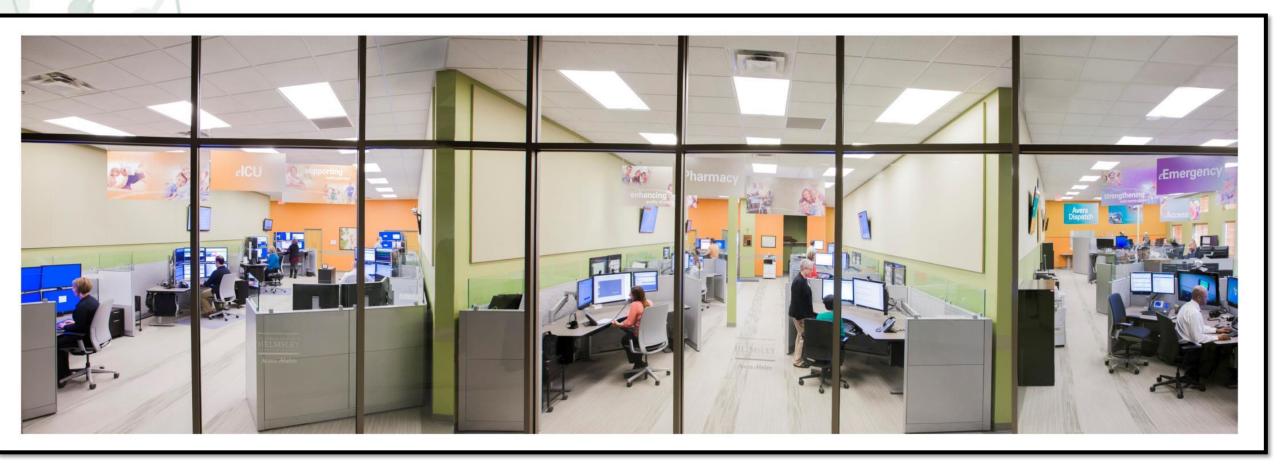




What does your telemedicine transformation look like?

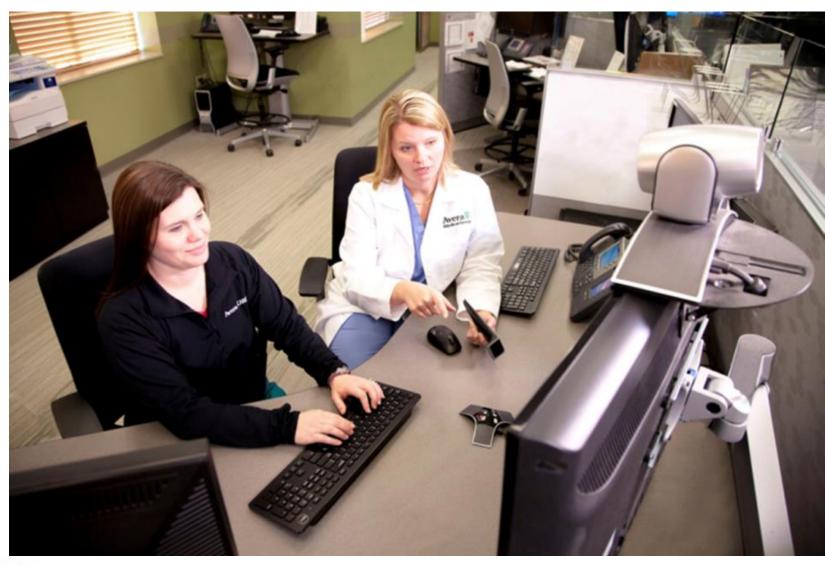
SIOUX FALLS, SOUTH DAKOTA

## View from the Bridge



## Avera eCARE Emergency

Immediate, 24/7
Access to BoardCertified Emergency
Physicians &
Experienced
Emergency Nurses



## eCARE Emergency The Process

When your team needs emergency assistance, simply push a button to connect 24/7/365 and our staff will respond immediately from our virtual hospital hub



## eCARE Emergency Support



Initiate Diagnostic Testing

Eliminate Unnecessary Transfers

Streamline Emergency Transfers

Nursing Documentation Support

Behavioral Health Assessments

Leverage APP Staffing Model if Appropriate

## eCARE Emergency Collaborative Results

**EXPERIENCE** 

175+ sites

Video Encounters

Telephone Support

Transfer Support

**PATIENTS** 

5,329

Potential **Transfers** Avoided

**QUALITY** 

Hub physician was available an average of

17-21 minutes\* sooner than the local physician.

two research studies.

**RECRUITMENT** 

81.5% of clinicians

believe that eCARE **Emergency helped** with recruitment and retention

COST

\$30 million

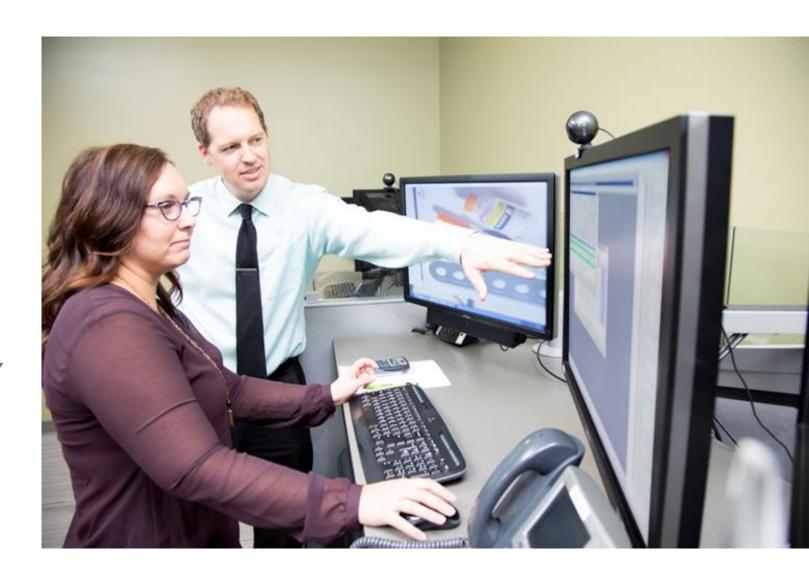
**Estimated Cost** Savings

\*Time to physician average results were collected from

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## Avera eCARE Pharmacy

Dedicated team of hospital trained pharmacists providing clinical and consultative support for 24/7 remote pharmacy services



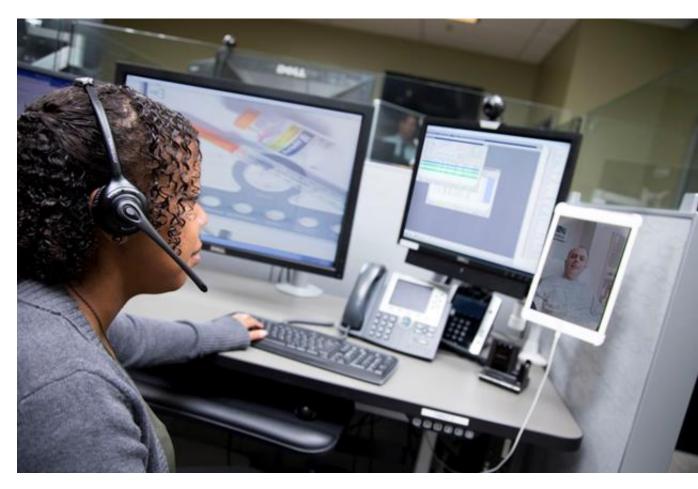
## Pharmacists remotely access your EMR to assist with:

- Remote-Order Review and Verification
- Clinical Pharmacy Services
- Video or Still-Image Pharmacy Services Support

#### AveraTrax:

- Web-based order management
- Clinical intervention tracking
- Policy and procedure tool with integrated reporting analytics

## eCARE Pharmacy The Process





## eCARE Pharmacy Collaborative Results

**PATIENTS** 

1,043,000

Patients Impacted **EXPERIENCE** 

3,500,000

Orders Reviewed **QUALITY** 

35,764

Avoided
Adverse
Drug Events

COST

\$95 million

Potential Cost
Avoidance
from Avoided
Adverse Events

## Avera eCARE Hospitalist

24/7 access to boardcertified internal medicine physicians and experienced nurses to support local care of adult general and surgical hospital patients



Discover

- Physicians work in your
   EMR to place orders and write notes
- Maintain local care team integrity and summon assistance per your discretion for:
  - Admission support
  - Clinic efficiency
  - Questions that arise during rounding or discharge
  - Overnight patient needs
  - Potential to increase ADC

## eCARE Hospitalist The Process



## eCARE Hospitalist Collaborative Results

PATIENT OUTCOMES

**Timely** 

evaluation of changes in patient status

COST SAVINGS

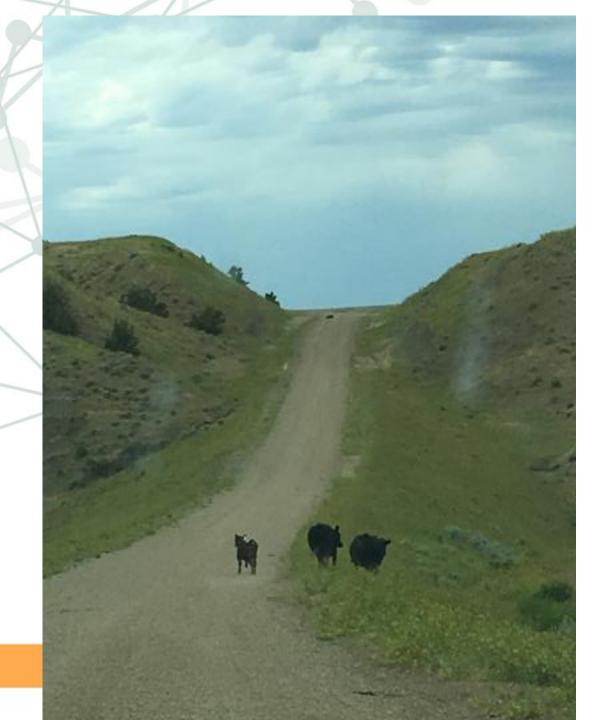
Potentially increases average daily census, increasing hospital revenue

WORKFORCE SUPPORT

90% decrease in times local provider had to come in while on call or in clinic

## Make Lives Easier









## Recruitment



### Research: Recruitment & Retention

**Finding:** 81.5% of clinicians believe that eCARE Emergency has helped with recruitment and retention

**Conclusion:** Results indicate that, all other factors being equal, tele-emergency increases the likelihood of physicians entering and remaining in rural practice.



Hospital CEO: "I've got to admit, the two docs I've got on right now, [...] both have made the statement to me directly that if it wasn't for [tele-emergency], they would not have come out here because they were not comfortable with it."

## Case Study - Wagner Community Memorial Hospital

#### CEO Incentivizes nurses to become NPs or PAs and staffs heavily with APP model

#### **Quality Scores:**

HCAHPS (Likelihood to recommend): Under the APP and telemedicine model
 Inpatient: Increased from a low of the 24 percentile to the 99 percentile (12 month rolling average) within the first three years of bringing on APPs and continued use of telemedicine.
 ER: Increased from a low of 60 percentile to the 95 percentile (12 month rolling average) within the first three years of bringing on APPs and continued use of telemedicine.

#### **Cost Reduction:**

• 2017 direct ER expenses, per the CAH cost report, reverted back to 2012, a reduction of almost 30%, while the number of visits have stayed consistent.



## Case Study - Wagner Community Memorial Hospital

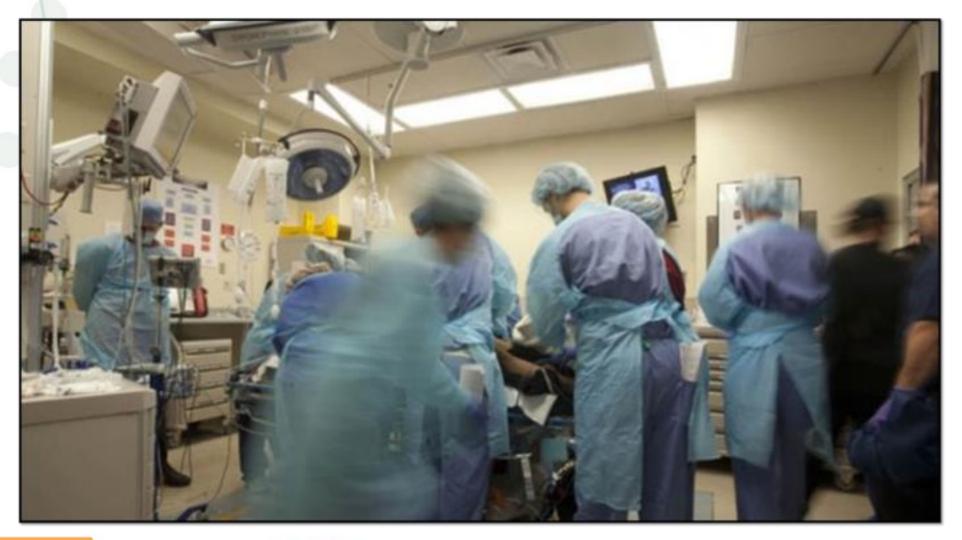
#### **Increased Census:**

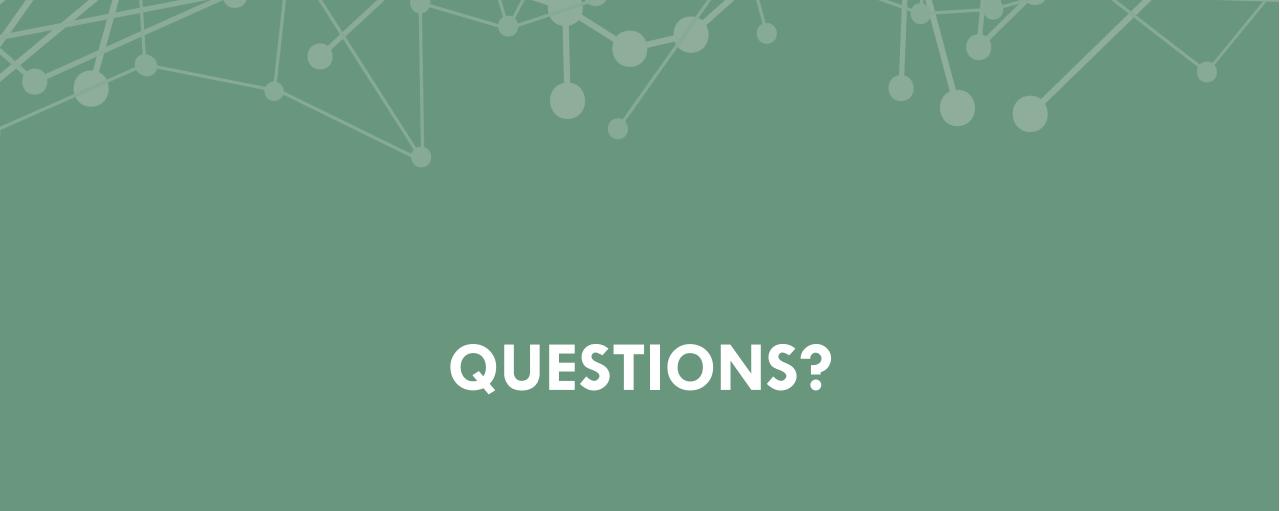
- Full use of Avera eCARE Hospitalist with APP carrying 75% of the acute and observation care visits/rounds/admits started around 01/01/18.
  - Since 01/01/18, and full implementation of Avera eCARE Hospitalist, facility has effectively increased ADC from 1.89 to 3.69 a 95% increase.
  - "I truly believe that it's the additional support received from eHospitalist, which increased the comfort level of both APP's and Chief Medical Officer, Dr. Jeffrey Pinter MD, that has created the increased ADC results our facility is experiencing."

~ Brian Slaba, CEO at Wagner Community Memorial Hospital



## Stories of Teamwork





## RESOURCES

- National Rural Health Association (NRHA). <u>www.nrha.org</u>
- Rural Health Information Hub <u>www.ruralhealthinfo.org</u>
- CMS Service Area File 2015. Robert Wood Johnson Foundation/University Wisconsin Population Health Institute 2016 County Health Rankings and National Center for Veterans Analysis and Statistics 2016.
- iVantage Health Analytics. <a href="www.lvantagehealth.com">www.lvantagehealth.com</a>
- Society for Healthcare Strategy & Market Development of the American Hospital Association. 'Evolving Healthcare Landscape'. <a href="http://www.shsmd.org/resources/bridging-worlds2.0/evolving-healthcare-landscape.shtml">http://www.shsmd.org/resources/bridging-worlds2.0/evolving-healthcare-landscape.shtml</a>
- National Rural Health Resource Center. <a href="https://www.ruralcenter.org/tasc/mbqip">https://www.ruralcenter.org/tasc/mbqip</a>
- New England Journal of Medicine. Catalyst 2017.





## **THANK YOU**

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Discover the possibilities at AveraeCARE.org

