

 **Jefferson.**  
HEALTH IS ALL WE DO

# JeffConnect Care Without Walls

Judd E. Hollander, MD  
Associate Dean for Strategic Health Initiatives  
Professor, Department of Emergency Medicine

---

---

---


---

---

---


---

---

 **Jefferson.**  
HEALTH IS ALL WE DO

## Healthcare in 2014: What we know

- Patients want care when and where they want it
  - Acute care growing
- Health care is changing
  - Less fee for service
  - More “shared savings” or “risk”
- Choice
  - Try to time the change and hope you can make the right turn on a dime
  - OR prepare for the change



NEW YORK TIMES BESTSELLER  
When You Come to a Fork in the Road,  
**TAKE IT!**  
YOGI BERRA  
WITH DAVID ANGLIN

---

---

---


---

---

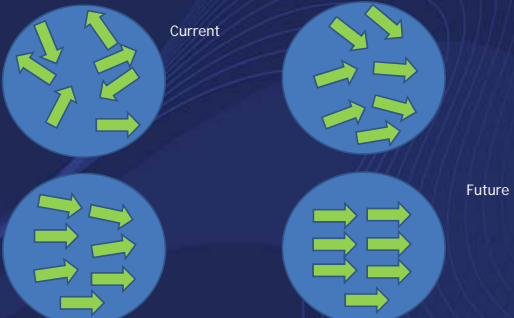
---

---

---

 **Jefferson.**  
HEALTH IS ALL WE DO

## Current Health Care System



Current

Future

---

---

---

---

---

---

---

---

**Jefferson**  
HEALTH IS ALL WE DO

### Do You Know What Your Patients Want?

*What Health Care Providers Know About Me...*

**Hospitals & Health Systems**  
Nothing

**My Doctor**  
Lab values  
Prescribed a statin

**Walgreens**  
I'm compliant with my statin therapy.  
I got a flu shot in October.  
I had bronchitis in January.  
I use reading glasses.  
I have a cat.  
I don't use coupons.  
Where I live and my likely commuting pattern

LEVEL OF INTERACTION: Never → 15 minutes/year → A few visits/month; app downloaded on my iPhone

---

---

---

---

---

---

---

---

---

---

---

---

**Jefferson**  
HEALTH IS ALL WE DO

### Do You Know What Your Patients Want?

- Top 10 preferred primary care attributes (n=3873)

I can walk in without an appointment, and I'm guaranteed to be seen within 30 minutes	4.11	See me now
If I need lab tests or x-rays, I can get them done at the clinic instead of going to another location	3.98	
The provider is in-network for my insurer	3.95	
The visit will be free	3.94	Price
The clinic is open 24 hours a day, 7 days a week	3.91	See me now
I can get an appointment for later today	3.70	
The provider explains possible causes of my illness and helps me plan ways to stay healthy in the future	3.04	
Each time I visit the clinic, the same provider will treat me	3.01	"My" doctor
If I need a prescription, I can get it filled at the clinic instead of going to another location	3.00	
The clinic is located near my home	3.00	

Advisory Board, 2014 survey

---

---

---

---

---

---

---

---

---

---

---

---

**Jefferson**  
HEALTH IS ALL WE DO

### Most Patients Want and Can Access Telehealth

95% have SMS-capable cellphone  
45% have smartphones (rapidly growing)  
67% use social media (rapidly growing)  
90% interested in tech-based platform to improve health

Ramney et al *Annals Emerg Med*. 2012

---

---

---

---

---

---

---

---

---

---

---

---

**Jefferson**  
HEALTH IS ALL WE DO

### JeffConnect Goal

- To deliver comprehensive high quality care to patients when and where they need or want it
- Make it part of every day patient care
  - Rather than fun and games once in awhile

---

---

---

---

---

---

---

---

---

---

**Jefferson**  
HEALTH IS ALL WE DO

### Framework

	Least Transformative	Most Transformative
Outpatient	Covered Employees On-demand care Signature Services	Virtual ED & urgent care
Transitions of Care	Pre-admission testing	Virtually augmented discharge processes
Inpatient	Post discharge care Teleconsultation	Expanded critical care network Virtual rounds
Academic	Research Grants	Live CME Certificate Program Research Training Programs

---

---

---

---

---

---

---

---

---

---

**Jefferson**  
HEALTH IS ALL WE DO

### Lowest risk early opportunities

- Patient satisfiers
  - Virtual rounds to include family
- Conditions with bundled payments
  - Covered employees
  - Post surgical care
  - Decreasing readmissions




---

---

---

---

---

---


---

---

---

---





### Post Discharge Care

- Post Surgical Procedures
  - 2<sup>nd</sup> post op visit - typically just wound check, reassurance
  - Decreased travel, parking, inconvenience, waiting
  - Patient satisfaction
- Post Medical Admission
  - Expedite discharge home, reduce length of stay
  - Improve care transitions
  - Engage family and care team/providers
  - Improve patient satisfaction/contact/confidence
  - Reduce readmissions

---

---

---


---

---

---

---

---



### Acute Care Specialty Consults & Critical Care Expansion

- Leverage the 30+ site neuro-critical care network
- Expand to other areas of critical care
  - Sepsis
  - Post cardiac arrest
  - Therapeutic hypothermia
  - ECMO
- Deliver care closer to home
- Specialty consultation
  - Pediatrics in Methodist ED

---

---

---


---

---

---

---

---



### Outpatient Care: Virtual ED

- Direct to consumer care for
  - Low acuity conditions that do not require further testing
  - Moderate acuity conditions requiring rapid diagnostic testing or time-appropriate referral to PCP, specialist or ED
  - Time sensitive conditions that require expedited testing, referrals or intervention
- Patients being seen in urgent care centers treated by physician extenders
- Physician to physician consultation

---

---

---


---

---

---

---

---

 **Jefferson**  
HEALTH CARE FOR ALL


### The Evidence Base?

Where is the evidence?

What can I use this for? When?

Is this safe and private for my patient?

How does it affect our workflow?



Will this work for my OS?

Will this work for my disease?

---

---

---

---

---


---

---


---

---

---

 **Jefferson**  
HEALTH CARE FOR ALL

### The Evidence Base?

	Current Status	Evidence Gap	Examples
Improves Patient Access	Hypothesized, limited evidence, but growing	High	<ul style="list-style-type: none"> <li>RAND Study Teladoc (2014)</li> </ul>
Improves Quality and Outcomes	Handful of specific use case examples exist with compelling evidence	High	<ul style="list-style-type: none"> <li>Remote monitoring in Heart Failure (2012)</li> <li>Live teledermatology improves outcomes (2012)</li> </ul>
Generates Cost Savings	Quantitative modeling and economic assessment suggest high likelihood. A limited, but growing evidence base of outcomes	High	<ul style="list-style-type: none"> <li>Economic Impact of eICU Implementation (2007)</li> <li>Integrated telehealth for Medicare Patients ( )</li> </ul>
Drives Patient Satisfaction	Evidence base is strong and will continue to grow	Low-Moderate	<ul style="list-style-type: none"> <li>Patient Satisfaction with Telemedicine (2000)</li> </ul>
Best Practices and Evidence Based Guidelines	With limited history of use, guidelines and best practices are in infancy	Very High	ATA Guidelines 

---

---

---

---

---


---

---

---

---

---

 **Jefferson**  
HEALTH CARE FOR ALL

### National Academic Center for Telehealth

- Telehealth training certificate programs
  - Staff and providers
  - Care pathways and protocol development
  - Provider skills including presentation techniques
  - Simulation center development
  - Video review
  - CQI
- Live CME
- Research
  - Build the evidence base for telehealth
  - Discovery to drive policy

---

---

---

---

---

---

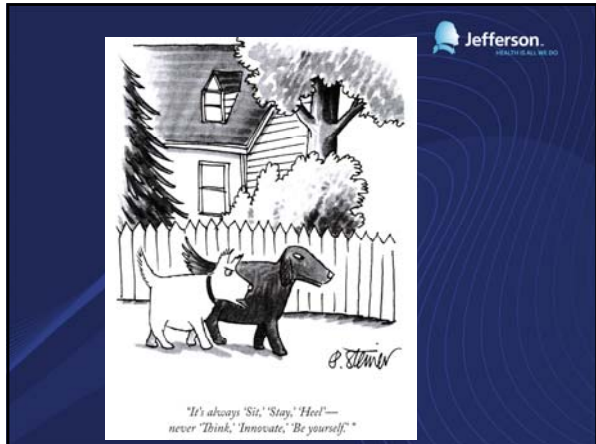
---

---

---

---





---

---

---

---

---

---

---

---