Back to the Future: Moving Care Outside the Hospital Walls

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Introduction

Since the 1990s, the healthcare industry has been actively discussing and writing about extending patient care outside the four walls of hospitals. While interesting ideas, there began a proliferation of hospice and home care entities in support of this specialized segment of patient care. Meanwhile, if we advance the calendar to later in that decade, we begin to see a growing number of venues for patient care proliferating. As growing pressures mount to rein in health costs in the U.S., there is an explosion of new relationships, care delivery models, supporting technologies and creative business arrangements to extend care across the continuum of care. In addition, there may be several working models in place to address the unique requirements of a variety of patient populations in a specific service area.

This topic has far reaching impacts both, short-term and long-term, and has the promise of changing the landscape for care on a more permanent basis.

In the course of this white paper, we will evaluate what these options are at this point of time and what might healthcare executives consider in developing a rational and effective portfolio of services outside the traditional boundaries of patient care delivery. Then in subsequent blogs for 2013, we will address some specific aspects that warrant a more detailed discussion.

Something Old, Something New

For several decades, the U.S. healthcare industry has been progressively pushing the walls of their hospitals further and further out into the community. One interest piece of history shows that providing care to patients in their surroundings has its roots in distant times. One wonderful example of home health is formally documented in Charleston, S.C., in the St. Philip’s Parish (i.e. local government) over three hundred years ago. At that time, the impetus was to provide care for the poor in a more effective manner. The result was rendering care either in the home of the poor or in their neighbor’s home. (1) In addition, it has been decades that our industry has been growing and evolving ambulatory services with the advent of Ambulatory Surgery Centers, retail clinics, clinic-on-wheels and so many more examples. So, “something old is something new”.

It is the context of the conversation about extending beyond “walls” that takes on a new challenge for healthcare executives. The balancing of growing complexity of regulatory requirements, quality initiatives and competitive pressures create a “perfect storm”. The most salient question for healthcare executives today is not should they pursue this initiative, but rather, how can they refine their approach since few hospitals or health systems can implement and sustain a myriad of programs beyond their physical plant for long periods of time.
Evaluating Your Options / Prioritizing the Service Offering

What is the ecosystem of care required to support the patient population in your service area(s)? One of the most important steps to developing your options for the most appropriate service offering beyond the four walls requires data about the demographics in specific services areas. In tandem with the patient demographics for services areas, a current view of the competitive landscape will also be critical to determine whether potential partnership can be crafted with healthcare organizations with niche healthcare professionals with the requisite competencies and outcomes for patient care delivery. Time is not on the side of organizations who are only recently embarking on this initiative so an accurate assessment of those highly qualified organizations may be a critical element to develop a service offering that provides a meaningful and comprehensive set of services.

So what options might exist? There may be a number of these to consider:

1) Selective service lines that span patients from adolescents through geriatric patients,

2) Selective services such as women and children with a relationship such as a children’s hospital for acute cases, and

3) Preventative health and wellness programs as well as post-surgical care to expedite patient recovery in their home, etc.

The number of options are not limited in any way. Regardless of the options that you will select, understanding the sustainability model for this offering will help to work toward the potential success of such an offering. In the past, we have seen healthcare organizations over-extending themselves with too many service offerings. Clearly the levels of service(s) offered to patients and their families or caregivers as well as the predictable outcomes and quality metrics will be the drivers toward success longer term.

While often over used, the need for thinking “out of the box” resonates now more than ever. We see new types of relationships being created and additional service offerings that are either reborn from earlier models or completely innovative in their approach. From an operational perspective, there are two areas that should be highlighted at this time. For some time hospitals and health systems have been committed to offering the widest number of services to care for their services area and corresponding patient population. However, this level of reach may have been counter-productive as our care delivery models continue to evolve. Why is this the case? For some healthcare organizations, there will never be the level of utilization for some services so that a level of expertise can be achieved that creates a competitive advantage as well as the metrics that support quality. As a result, an honest assessment requires that we consider that not every service line should remain in place as we contemplate various business and health drivers that impact the organization. This assessment will require a frank assessment be conducted by...
executives to determine which services lines should remain in place and how to identify potential relationships with experts in certain service lines that can augment services to their patient population. On the surface, this position seems almost heretical but some organizations have over-extended their reach and diluted their efforts to support their communities by expanding services. In tandem with reassessing the service lines which can and will lead an organization into the future, the timing is ripe to revise thinking of traditional budget preparation and analysis. Given the number of regulatory and industry changes that are simultaneously confronting each organization, budgets will need to flex to these changes. A rolling budget provides a better option to those budgets that take months to prepare and then variances to that budget abound. Rather, highly transitional times in operations are better suited to a rolling budget. We have already seen the shift in other industries as they navigate those factors that most apply to them.

Hurdles to This Initiative

There can be some significant hurdles that can impact both the implementation as well as the sustaining phase of your initiative. The most significant hurdles can be infrastructure, governance, and patient access (i.e. coordination of services, healthcare professionals, location(s), special equipment and/or procedures). Without these three key elements acting in concert, there will be a low probability of creating the environment that supports coordinated care efforts across a variety of patient care services. The situation is even more complex should a health system work to equitably create utilization across physicians, locations, service lines and other required resources.

Infrastructure:
The definition of infrastructure for the purpose of this conversation is the broadest possible. There is infrastructure to support the delivery of patient care. Here are several examples of the type of infrastructure that are included, but not limited to:
- Patient Navigators,
- Quality Programs to reduce readmissions, and
- Recruitment of nurse extenders and nurse practitioners

In addition, to operational and administrative infrastructure, there will be a technology infrastructure that supports operations and administration as well as extends to patients and their families. Patient portals have become more common place over the last decade and the millennium saw a proliferation of firms that provided medical information at the fingertips of digital users.
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Governance:
Regardless of the model that your organization adopts, implements and supports over time cannot be successful without a strong governing model that brings together physician leadership as well as other clinical leadership to monitor progress. In addition, metrics provided in dashboards or any other type of vehicle are required to closely monitor and manage the effectiveness of the selected program and any potential challenges that might arise.

Patient Access:
Regardless of the model that you select for establishing a “beyond the walls” program can never be successful without ensuring that patient access, direct or through family/caregivers, is a streamlined, customer-focused experience that removes complication and guides the patient readily through the established system. There is no doubt that patients have become increasingly informed about finding care and remaining in the care of a certain practice, hospital or other type of service. Physician ratings are available on the web and metrics are being made available as to the outcomes for a given healthcare provider. In total, these changes in informing patients as well as their families/caregivers mean that if access is difficult, unpleasant or inefficient even once, they can and will find alternate sources of care.

Creative Relationships and/or Services:
As healthcare and care delivery models continue to evolve, there is a proliferation of creative relationships that are being forged to better support a patient population. For decades, the industry has said that the continuum of care spanned other entities such as pharmacies, payers, etc. Now there are retail clinics, some developed by a hospital or health systems and others resulting from organizations such as MinuteClinic (a division of CVS Caremark Corporation). One such example of health systems partnering with the MinuteClinic are the Cleveland Clinic and Henry Ford Health (1). Other health systems choose to leverage their brand recognition to establish retail clinics such as the Mayo Clinic’s "Create Your Mayo Clinic Health Experience" which is located in the Mall of America (Bloomington, MN). Consider the approach of Mayo Clinic’s retail clinic placed within the Mall of America that is visited by 35-40 million visitors per year. This represents a creative model to provide basic primary care to a significant population.

The other creative approach that has been growing in recent years within the U.S. is for medical tourism based on finding a healthcare organization that delivers results that are superlative. These care delivery models that have evolved and been refined over an extended period of time. In 2010, the Cleveland Clinic and Lowes, Inc. penned the first agreement to provide cardiovascular care for full-time employees and their dependents without any out-of-pocket expense [2]. Since them, Boeing has also signed such an agreement. In 1996, Walmart began sending transplant cases to the Mayo Clinic. Most recently, Walmart has extended this program to provide employees with access to six healthcare providers deemed as “Centers of Excellence”: the Cleveland Clinic (Cleveland, OH), Geisinger Medical Center (Danville, PA), Scott & White Memorial Hospital (Temple, TX), Virginia Mason Medical Center (Seattle, WA) and Mercy Hospital Springfield (Springfield, MO). Cardiovascular procedures that are specific will be performed at...
the Cleveland Clinic, Geisinger, Scott & White, and Virginia Mason while spine care will be provided by Mercy Hospital, Scott & White and Virginia Mason. Most recently, we have also seen the unlikely relationship crafted between Community Health Systems and the Cleveland Clinic to provide. Finally, on March 11, 2013, there was an announcement between Community Health Systems and the Cleveland Clinic to create a “quality alliance” [3] – again this is a creative relationship that even a year ago might be considered highly unlikely. Clearly these arrangements tie together the principles of quality outcomes and value based purchasing.

While some of the examples shared above represent a select number of healthcare providers, there is no limit as to how executives can forge select and meaningful arrangements to provide services either locally in urban areas or across a specific region. Those select services should be for distinguished, specific, service line or a unique area of patient care expertise such as palliative care, long term care, medication reconciliation for discharged patients. Once such example of a time-sensitive service from outside hospital walls was unveiled in October, 2012, to coincide with the ruling about readmissions. The WellTransitions program by Walgreens is available to more than 150 health systems and hospitals. WellTransitions engages its pharmacists to be part of the “care teams responsible for transitioning patients from acute care to home or other healthcare settings by supporting medication review, bedside medication delivery, patient counseling and follow-up.” [4]

**Conclusion**
Over the last three decades, hospitals and health systems have engaged in various approaches to extending beyond the walls of traditional structures with four walls - expanded medical office buildings, outpatient surgery centers, home care, hospice, and much more. More than ever, it is essential to develop a core number of services that span the continuum of care to address the needs of population management. Barriers to virtual care continue to dissipate at an enormous rate of speed such as social media, an expanding number of medical devices to monitor chronic illness or to manage a certain condition, and so much more. While there is great organizational pride in providing a broad portfolio of services, now is the time to assess whether the services in place today can support the expanded continuum of care in new and innovative ways.

Increasing competition, regulatory requirements and an ever evolving healthcare industry all speak to the need for insightful, creative ways to support a population or service areas that will maintain and sustain over time.
References:

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