

Innovation Challenge Semi-Finalists Submission

Please fill out this submission form and return to Bryanna Miller (bryanna.miller@sclhs.net) by 11:59 MST on **May 25th, 2017**. Submissions received after the deadline will not be considered and will not move forward in the challenge.

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Innovation Venture Title: Multi-Agency Care Plan on a Shared Digital Platform

Innovation Intent: *This is a concise articulation of your venture's goal. Consider these two questions as you frame your intent:*

1. *How is this innovation different?*

As the trend towards "alternative payment methods" accelerates, the financial incentive for hospitals to closely collaborate with post-acute providers assumes greater significance. Traditional models of communication fall short of providing a truly shared plan of care with otherwise unaffiliated post-acute providers.

2. *How ambitious is this venture? How much will you be able to move the needle on your goal?*

The idea of a shared "living" care plan that follows the patient through multiple levels of care isn't necessarily new. Certainly, vertically integrated health systems are capable of achieving a high degree of collaboration and information sharing within restrictive networks. What is unique about this idea is that it creates a common plan for multiple, otherwise-unaffiliated agencies to reference, document and share information with each other to advance the best clinical outcomes for their shared patients.

Innovation Shift: *What is the primary focus of the change you want to create with your venture? Choose from one of the following three options and provide a short narrative of how your venture fits that option:*

- *Platform: Focus on reinventing, recombining, or finding fresh connections across capabilities and offerings to create new value for customers.* The efficiency of a shared digital care plan would simplify the current "system" that relies on a combination of phone calls, faxes, e-mails and pushed, flat-file clinical information. The assumption here is that reducing communication barriers in the continuum of care, will create better outcomes for patients at reduced cost.

Background: *Identify if and how a similar solution has been tested or implemented before in either another healthcare organization or another industry. If so, identify when, where and the results that were achieved.*

The explosion of social media in the last decade is evidence of the tremendous leverage provided by a shared digital platform. Social media is, essentially, a very effective way to stay connected with a large number of people. It allows individuals to share ideas, images and interests with a large number of people with relatively small input.

Obviously, the intention of this proposed shared digital platform is to limit the sharing of information to a select group of agencies/users within a secure environment. However, the advantages of sharing information in a common digital environment are comparable: tremendous leverage with simple efficient input.

In the healthcare realm, it is this writer's understanding that the Panorama Orthopedics group in Golden, is using common digital platform called Mosaic to facilitate quality outcomes within the structure of BPCI bundling.

Benefits: *Identify potential patient experience, health, or financial benefits associated with the solution. Include the benefits to the patients, care givers and providers within and outside our four walls. How can those benefits be measured? Are you already measuring those benefits?*

"Alternative payment models" offer win-win-win opportunities as all involved re-think premises rooted in fee-for-service payment models. SCL's initial experience with CJR in 2016 resulted in: 1.) cost savings for the Federal government, 2.) additional revenue for SCL, 3.) additional income for the surgeons and, most importantly, 4.) better clinical outcomes for the patients.

Working collaboratively with post-acute providers to promote both efficient and effective care creates immediate opportunities for producing better clinical outcomes for patients at lower cost. At a macro level, working collaboratively with post-acute providers to promote efficient, effective care is a step towards creating a financially sustainable healthcare future.

Technology: *Describe the technology that will be needed to implement the solution. Identify if the technology already exists or needs to be created. If the technology already exists describe what will be tested that is unique to this solution. Explain how the new technology will enable providers or patients to create or enhance services.*

The technology needed for this solution already exists. SCL is already using a product called Salesforce/Healthforce and is beginning to explore its potential in the domain of continuum care. Capabilities that this application already possesses, includes:

- A documentation format, capable of building a multi-agency care plan.
- Flat file storage that allows the hospital and post-acute agencies to upload notes, consults, lab results, etc.....
- The ability to "ping" or alert end users via e-mail or mobile device.

Imagine that you are a Care Navigator for an acute care hospital. You get an e-mail alert that informs you of a status change for one of your bundled patients. You anticipate notification of discharge from SNF to home with HHC. However, when you log into your shared platform software, you read a note from the SNF: bundled patient in question is febrile and is being treated for a UTI. Discharge to home with home health has been delayed, care plan has been updated and accepting HHC has been notified. The accepting HHC has already responded. They will re-allocate resources for today and open patient at home on new discharge date. With one log-in, the Care Navigator is up to speed on the patient's clinical status. Sharing this same information with

traditional phone/fax/e-mail communication tools would take significantly more time for all involved parties.

Funding/Resources:

1. *Describe the time required to secure resources and launch the venture.*

The full process could take 2 to 3 months. The primary consideration would be how to securely share a common platform with outside entities. It may be that the initial trial would need to rely on a more traditional means of information sharing, such as encrypted e-mails. Aside from addressing these important security concerns, there are several significant steps involved in getting this new care plan up and running in a digital environment. These steps include:

- Administrative review and approval.
- IT review and approval.
- Build and testing.
- Training end users.
- Go-Live process.

2. *Describe the investment needed for this solution (people, roles, technology).*

As discussed earlier, SCL is already using an application called Salesforce/Healthforce. So, whatever IT resources are dedicated to this application would need to be involved. Care Management is also integral to this process, so Care Management leadership at both the corporate and hospital level would be necessary. Also, because they have been developing the use of Salesforce/Healthforce, the Innovations and Virtual Health group would need to be involved. Lastly, SCL Home Health and other post-acute entities should also have input in the design process.

In addition to the build costs associated with the multi-agency care plan, licensing additional end users for Salesforce/Healthforce may increase the costs significantly.

3. *Lastly, 'guessimate' and circle budget needed (the innovation project funding will not exceed a 4 month period pilot).*

A) \$1,000-\$5,000

B) \$5,000-\$10,000

C) \$10,000-\$15,000

D) \$15,000-\$25,000

E) \$25,000-\$50,000

F) \$50,000+