

Innovation Challenge Semi-Finalists Submission

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Innovation Venture Title: *Using technology to lower readmission rates by engaging and empowering more patients using video emails with the right message at the right time.*

Innovation Intent: *The goal is three-fold:*

- *Harness the power of video emails and nurse phone follow-up to reduce hospital readmissions by enhancing patient aftercare through: connection, education, understanding and adherence.*
- *Create improved profitability by increasing Medicare reimbursement dollars through reducing penalties incurred with high hospital readmissions for the following diagnosis: heart failure, pneumonia, acute myocardial infarction, COPD, total knee and hip arthroplasty, coronary artery bypass graft. Create additional revenue by increasing HCAHPS scores when patients better understand aftercare instructions.*
- *Brand each email with hospital logo; use each communication as a marketing opportunity.*



[Ctrl + click HERE to see sample.](#)

Other businesses have offered automated outreach to discharged patients through phone, text and email with positive results.

This innovation expands on that success by adding a more personal, in-depth message: video emails aimed at educating and empowering the patient from a company that cares – SCL Health. Messages are accessible by computer or mobile phone.

This solution continues the patient journey after discharge with personalized interactions every day; aimed at motivating the patient to stay proactive in their health management and recovery in their home, office, and anywhere. There's nothing like a friendly, familiar face with a message made specifically for the patient's condition to encourage, educate and inspire



the patient to take action every day to foster recovery.

Creating positive change in population health requires large-scale action that can sometimes be resource and cost intensive. However, we can reach more people in a personal way with video email; it's a consistent, targeted and dynamic message that can impact populations in a cost-effective manner.

One follow-up phone call is planned 3 to 5 days after discharge to ensure two-way communication and connection during a vulnerable time for complications and increased risk for readmission.

Future plans include offering this service in Spanish to target our Spanish-speaking patients - a population at higher risk of readmission due to language barriers.

Measurable Goal:

The goal of this innovation is to reduce readmission rates for heart failure patients at St. Vincent Healthcare in Billings, MT by at least 25 percent between September 2017 and January 2018.

Innovation Shift: (Business Model)

This innovation solution generates revenue on several different levels:

- According to healthcare consulting firm Advisory Board, SCL Health will lose between \$350,000 and \$500,000 in reimbursement dollars from Medicare in fiscal year 2017 from hospital readmission penalties. This innovation solution attempts to curb financial losses by reducing these penalties.*
- In addition, patient satisfaction increases when aftercare is enhanced with personalized, frequent connections that engage, educate and empower the patient to manage their care from home effectively. This in turn increases HCAHPS scores which also increases revenue.*
- This innovation solution is also a marketing/branding opportunity for SCL Health.*

Background:

There are several companies currently offering phone, text and email service to patients after they leave the hospital to curb hospital readmission. This innovative solution expands on this idea by adding the unique element of video email to increase patient engagement and understanding. In addition, a frequent, familiar, friendly face and SCL Health branding give a personal touch that improves upon patient connection and care.

Companies involved in healthcare after hospital release:

- 1. CipherHealth offers automated post-discharge phone calls and texts. Survey-type questions are sent to the patient like: "Did you understand your discharge instructions? Press 2 for yes and 1 for no." Clinicians are alerted if the patient presses 1 for no. CipherHealth also offers a service called Echo. Echo is an app that can record the voice of a provider or nurse giving discharge instructions. The patient can play back these instructions at home. This company claims to achieve these results: 3.4 times less likely to be readmitted and 2.2 times higher HCAHPS scores.¹*
- 2. Health Recovery Solutions, a New Jersey company, gives patients disease-specific tablets, customized with their medications, reminders, and educational content. These tablets are also integrated with wireless devices, monitored by clinicians. They tout a 70% reduction in hospital readmission rates.²*

(1) ¹ <https://cipherhealth.com/voice-follow-up/>

(2) ² http://www.healthrecoveryolutions.com/?qclid=Cj0KEQjw9YTJBRD0vKClruOsuOwBEiQAGkQjPz4sdQEAPo0C_-KWPBTaqpCNKwxAmoSrAsaDD27ZIXwaAhMZ8P8HAQ

3. *SanusEO's Transition Care Program is a two-way text messaging service that attempts to reduce readmission rates for patients with chronic conditions. Participants were enrolled in a 4-month pilot where they received tailored text messages for 30 days after discharge. The messages were designed to support self-management behaviors in five key areas: medication adherence, self-monitoring of vitals (e.g., blood glucose), diet, physical activity and communication with healthcare providers. The pilot showed a reduction in readmission rates from 10.3% to 4.1%.³*

The U.S. Department of Health and Human Services found that patients who have a clear understanding of their after-hospital care instructions are 30 percent less likely to be readmitted or visit the emergency department than patients who lack this information.⁴

"In addition, a review of results from randomized trials found that patient assessments, education, and improved post discharge care could reduce readmission rates by 12%–75%. However, hospitals and clinics are challenged to meet growing demands with limited resources, indicating a need for ancillary providers of such services."⁵

Conclusion: The results are clear. Technology can make an impact in reducing readmissions with a wide range of results. Adding a more in-depth message in a personalized way through video emails can achieve significant outcomes in a cost-effective way.

Benefits:

Patient Experience: *Many patients are confused about how to care for themselves after discharge from the hospital. They feel lost and alone. Connecting frequently with tailored SCL Health video emails plus hearing from a nurse by phone in the first week at home goes a long way in keeping the patient connected, educated and motivated to work towards good health. Targeted but general instructions are sent based on the patient's condition using email and video accessible by computer or mobile phone. The message is specific to each patient's condition but geared toward improving the health of the broader population, not just the individual patient.*

Health: *When patients feel in-touch, inspired and informed they achieve a healthier wellbeing. They reach out when they need help because they're able to recognize the warning signs. They adhere to the plan of care because they understand recommended discharge instruction. They know who to contact if they're having difficulties. Video emails motivate positive health behaviors in patients when and where it's convenient for them (computer and mobile devices) and when they're feeling their best to make learning conditions optimal.*

Financial Benefits: *See above information about reducing readmission penalties, increasing HCAHPS scores and marketing for SCL Health. SCL Health strives to be accountable for healthcare*

(3) ³ <http://www.sanuseo.com/wp-content/uploads/2015/07/SanusEO-SSM-DePaul-Program-Evaluation-Report-July-14-2015.pdf>

(4) ⁴ <https://www.ncbi.nlm.nih.gov/pubmed/19189907>

(5) ⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3128446/>

provided and the resulting impact on communities and populations. Reducing readmission has a domino effect of lowering costs, improving patient experience and increasing health in the big picture. The cost of readmissions to the health care system is substantial, accounting for an estimated \$17.4 billion nationally in spending annually by Medicare alone.

Reducing readmissions → lowers spending by Medicare → keeps populations healthy → improves SCL Health's profitability

How can those benefits be measured?

Financial benefits are easy to track: readmissions are already being measured by SCL Health. Base readmission rates can be compared to readmission rates after using video emails to reveal the effectiveness of the program.

Patient experience is already being measured using HCAHPS surveys. Scores will increase for at least one specific question: "Did you understand your aftercare instruction?" Patients receiving our video emails will rate this question as a resounding "strongly agree."

Health benefits are measured when there is a decline in heart failure patients readmitted to the hospital.

Video email engagement is easily tracked as well. Data is collected on which patients opened each email, opened each video, how long the video was viewed and if an attachment was downloaded. This data can be compared to readmission data to determine effectiveness of the solution.

Technology:

The technology already exists to implement this solution: video email accessible on computer and mobile devices. However, the power of video via email has not been used as a tool to lower readmission rates and augment discharge instruction with diagnosis specific information and education.

The technology of video emails will allow providers piece of mind – knowing their patients are receiving aftercare instruction again at home; reinforcing their efforts and helping to keep their patients healthy. Information can be sent daily so patients are reminded frequently to stay on track and have a chance to digest information taught that day. Patients will feel cared for and connected to their home hospital as they continue on their journey toward better health. Patients will also enjoy the ease and accessibility of education through email on their computer or mobile device.

Electronic reports can be made from EPIC with a list of patients discharged with heart failure that day and their email address and phone number. Electronic medical records make it easy to obtain the correct information quickly so patients can start receiving emails the day of discharge.⁶

Funding/Resources:

- 1. Time needed: All 45 days will be needed to create this innovative solution but completion and launch are well within reach during this timeframe. The test pilot will include a 30-day video series for congestive heart failure patients. Scripts and storyboards for video content are already created and just need approval from cardiologists. Production can begin almost*

⁶ <http://pivotpointconsulting.com/2014/05/using-epic-maximize-population/>

immediately on video editing and email design which will include attractive SCL Health branding with logo and color palette.

2. *People, roles, technology needed:*

Innovation Venture Lead, Bianca Schroetlin, is a former news anchor/reporter who owned her own video production company for 7 years. She will write, produce, co-edit and star in the congestive heart failure video series (see video sample above).

A videographer, video editor and video animator will be hired for support.

BombBomb video email solutions will design the video email template for SCL Health. They will also provide the video email service and training on data collection.

An attorney will be hired to create a simple one-page contract that outlines permission to contact the patient via email.

My hope is to partner with SCL Health's Marketing and Communications team to ensure SCL Health's standards are applied to the final video email product.

3. *'Guessimate' on cost: \$25,000*

4. *Circle budget needed*

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+