

AMGA

American Medical Group Association



Mercy Medical Group.

A Service of Dignity Health Medical Foundation

AMGA 2013 ANNUAL CONFERENCE

The Mercy
Telehealth Network
Your direct connection to specialized care



Dignity Health™

Mercy Medical Group, Inc.

- Interdependent Multi-specialty group in Sacramento, CA.
- Hospital Aligned since 1993 (group practice began 1940's)
- > 320 Physicians/APC's
- 6 Departments – IM, FP, PED, Medicine, Surgery, Hospitalist
- 17 Clinic locations, 4 Acute Care hospitals, Hospital owned ancillary
- >750,000 patient visits annually
- All physicians Board Certified/Board Eligible
 - Must become Board Certified for partnership/shareholder
- All new hires Top Tier training programs
 - Must be top of their class
 - Excellent references
- Medical Specialist – Momentum(recruiting/retention)
 - Critical Mass
 - Success begets success

Vision

Fully Integrated, Connected & Diversified Network of Hospitals, Clinics & Specialized Ambulatory Centers.

An Organized Care Delivery system to support seamless transitions of Patients & their Families through our Care Continuum.

Focus on patient care delivery and standards of practice across all Care Centers to achieve superior clinical outcomes.

Optimize Patient Experience with focus on safety, quality, efficiency.

Optimize Patient Care through innovation, teamwork and collaboration.

Mercy Telehealth Network

2008

Mercy Neurological Institute proposed the formation of a telehealth program using \$500,000 in philanthropic funding from the Elliott Homes Foundation

Mercy Telehealth Network – Program Goal

Provide timely access to high quality specialized healthcare services that are not readily available

Goals & Objectives – Perfect Patient Care

Optimize patient/family experience

safety, quality, efficiency, effectiveness

patient & family-centered care

Optimize patient satisfaction

Neurological Sciences Destination status – “Centers of Excellence”

Increase Market Share – grow patient base

Diversified specialty care services

Interdisciplinary team approach to patient care



Goals & Objectives – Physician Engagement

Resource to Optimize Clinical Outcomes

Quality Indicators - Measure, Report, Standardize

Best Practices = appropriate utilization

Optimize physician satisfaction

Physician Integration

Interdisciplinary team approach to patient care

Innovative Technology – Outreach (Stroke Care Network/Telehealth)

Connectivity – office based – PACS, EMR, online EEG, Pathology reports.

Achieve Neurological Sciences Destination status

“Centers of Excellence”

Advanced Imaging and cutting edge technology



Goals & Objectives – Logical Networks/System of Care

Neurological Sciences System of Care

Interlinked Neuroscience Network

Neurological Institutes of Mercy

Tertiary, Primary – “Centers of Excellence”

Seamless transition of patient to higher levels of care

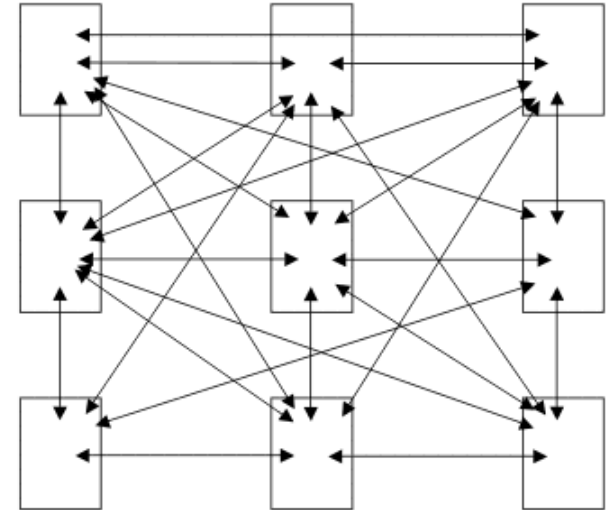
Incremental revenue/cost savings

Operational efficiencies – “think lean”

High Quality, Efficient, Cost effective, patient centered

Daily Excellence - Excellent Value

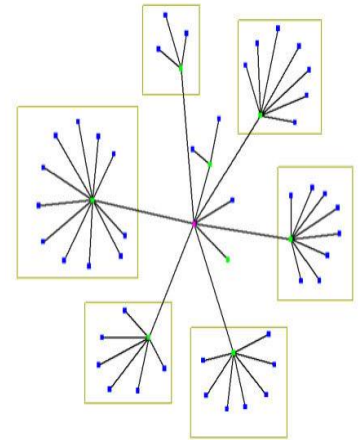
Maximize return on capital investment



Mercy Neurological Institute

Mercy Stroke Center

- Joint Commission certified Primary Stroke Centers
- Physician, Nursing and Administrative leaders
- 24-hr call center 1-888- MERCY41 (1-888-637-2941)
- Now Dignity Health Transfer Center
- Stroke Nurses, Neuroscience Coordinators on-call 24/7/3
- Neurologists/Neurosurgeons/Interventional Team on-call 24/7/365
- TeleStroke Program – Remote Presence/Robotics Technology
- TeleEEG Program – Remote review and interpretation of EEG
- TeleNeurology - Decision Support and/or Telemedicine consultation



Mercy Neurological Institute

•Investing, Building, Delivering



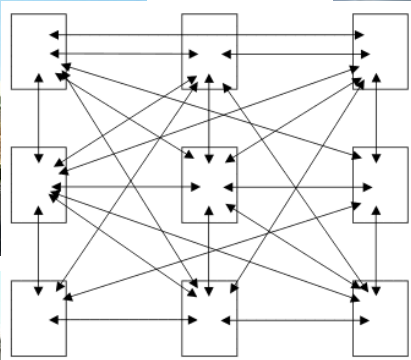
**Gold Award
Honor roll**



•Committed to Excellence



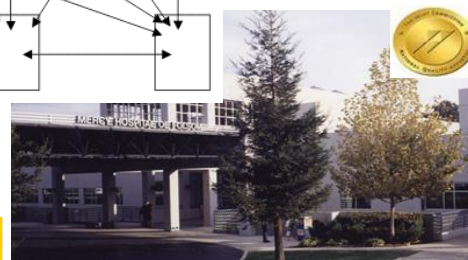
Gold+ Award



Silver Award



**Gold+ Award
Honor Roll**



The Joint Commission Certification

- Best signal to your community that the quality care you provide is effectively managed to meet the unique and specialized needs of stroke patients.
- TJC's Primary Stroke Center Certification launched in 2003 in collaboration with AHA/ASA
- TJC *Certificate of Distinction* for Primary Stroke Centers
 - recognizes centers that make exceptional efforts to foster better outcomes for stroke
 - Signifies the critical elements are in place to achieve long-term success in improving outcomes



Clinical Components of a Primary Stroke Center

- Availability of services - Team Readiness - Training /Education - Clinical Expertise

Patient Care Services	Support Services
<ul style="list-style-type: none">• Acute stroke team(Neurologist Led)• Written care protocols• Emergency medical services• Emergency department• Stroke unit (could be within ICU)*• Commitment and support by organization and of Medical Director	<ul style="list-style-type: none">• Neuroimaging services• Laboratory services• Pharmacy• Outcomes and quality improvement• Continuing medical education <p data-bbox="1593 1048 1690 1068">*Stroke.org</p>

Benefits to Community

- Clinical Expertise
- Prompt care
- Evidence based care
 - (AHA/ASA – GWTG)
- Advanced treatment options
- Qualified providers
- Right care at the Right place at the Right time

TeleHealth ROI

- Access, Service, Quality = Value
- Recruiting, Retention
- Call pay
- Resource Allocation
- Sustainable Practice model
- Population Management
- Growth/Market Share

ROI Physician Services

Total Cost of Care

Traditional Solo Practice Model/Group Practice

- Recruiting - \$50,000
- Retention – 1.2 – 1.5 million (2 - 3 yr)
- Call Pay - \$450.00 - \$1200.00/day
– \$164,250 - \$438,000
- Dispassionate/Risk averse/Work-Life

ROI Physician Services MTN Model

- Large Clinic Multi-Specialty Medical Group
 - Mercy Medical Group
- Core Group Telestroke/Neurology
 - @ or Above AMGA 75%
- Population management
- Tertiary neuroscience program development
- Referral Network
- Market Share/New Growth

ROI Physician services MTN Model

- High reliability
- Consistency
- Standard protocols
- Standard Metrics
- Access, Service, Quality = Value

ROI Physician Services MTN Model

- \$40.00 - \$60.00/day
- \$140.00/click
- Partner hospitals
 - 25 beds – 350 beds
 - 10,000 – 60,000/visits/yr
 - Zero – 5
 - Office based/Community Neurology
 - Staff Neurology

Keys to our success

- Strong partnership with physicians
- Interfacility support and assistance
 - **Integration**: Shared vision and Physician collaboration
 - **Connectivity**: Physicians, facilities, people, patients and data
 - Focus on **Quality** and **Cost**: Quality Dashboards
 - **Growth**: Outreach, Education, Publications, Resource
 - **Leadership**: Building reputation, Strong Philanthropy link, Innovation through Research

MTN Model

Access, Service, Quality = Value



The AMGA logo features the acronym "AMGA" in a bold, blue, sans-serif font. It is centered within a white rectangular box that has thin horizontal lines above and below the text.

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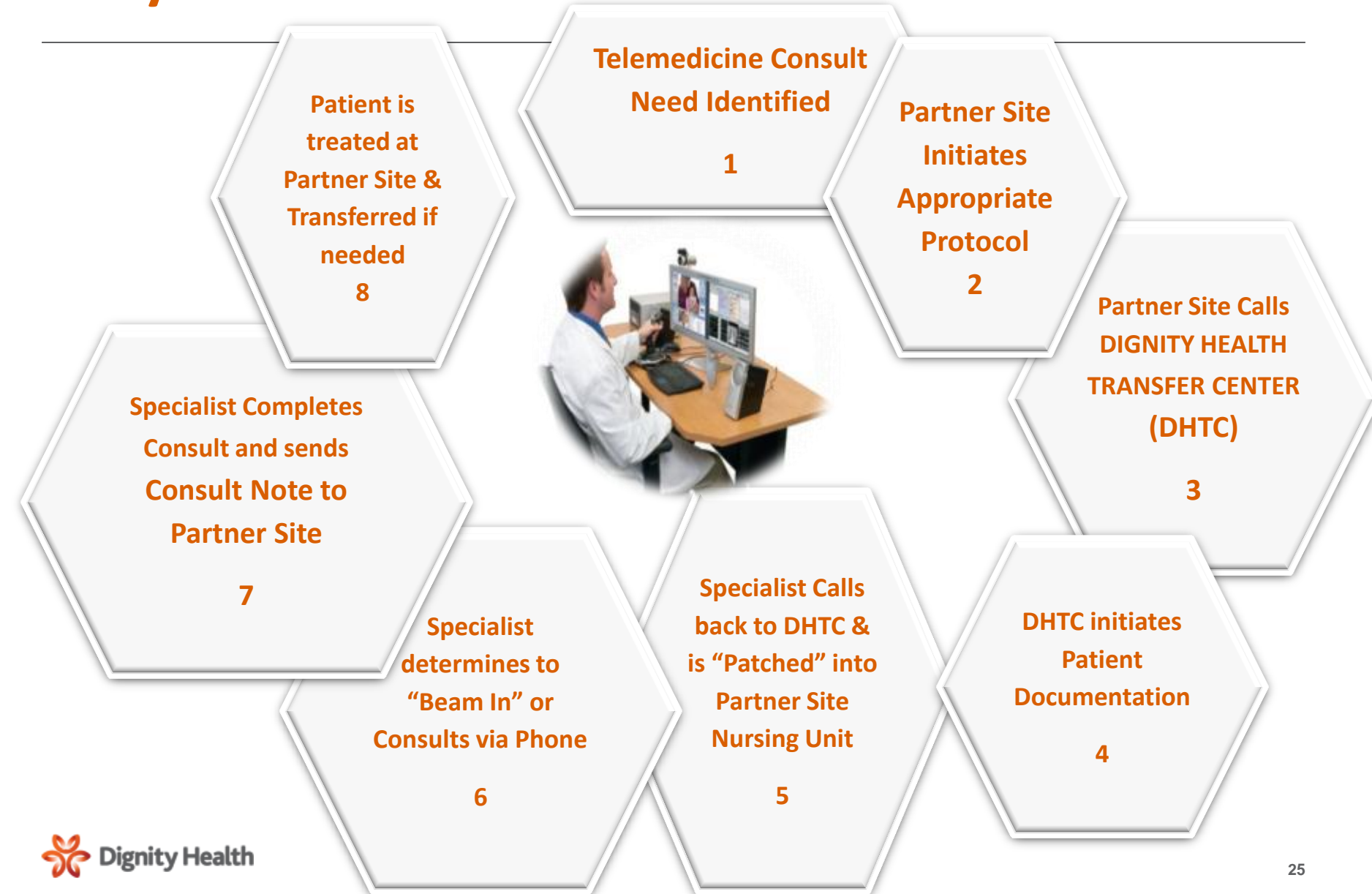
The Mercy Telehealth Network

- Stroke
- Neurology
- ICU – “Round & Respond”
- Cardiology
- Psychiatry
- Newborn Care
- Pediatric Critical Care
- Nephrology
- Emergency Medical Service
- e-Home Visits
- Transitional Care
- Disease Management

MERCY TELEHEALTH NETWORK HOSPITALS



Mercy Telehealth Network – Workflow



Increasing Acuity



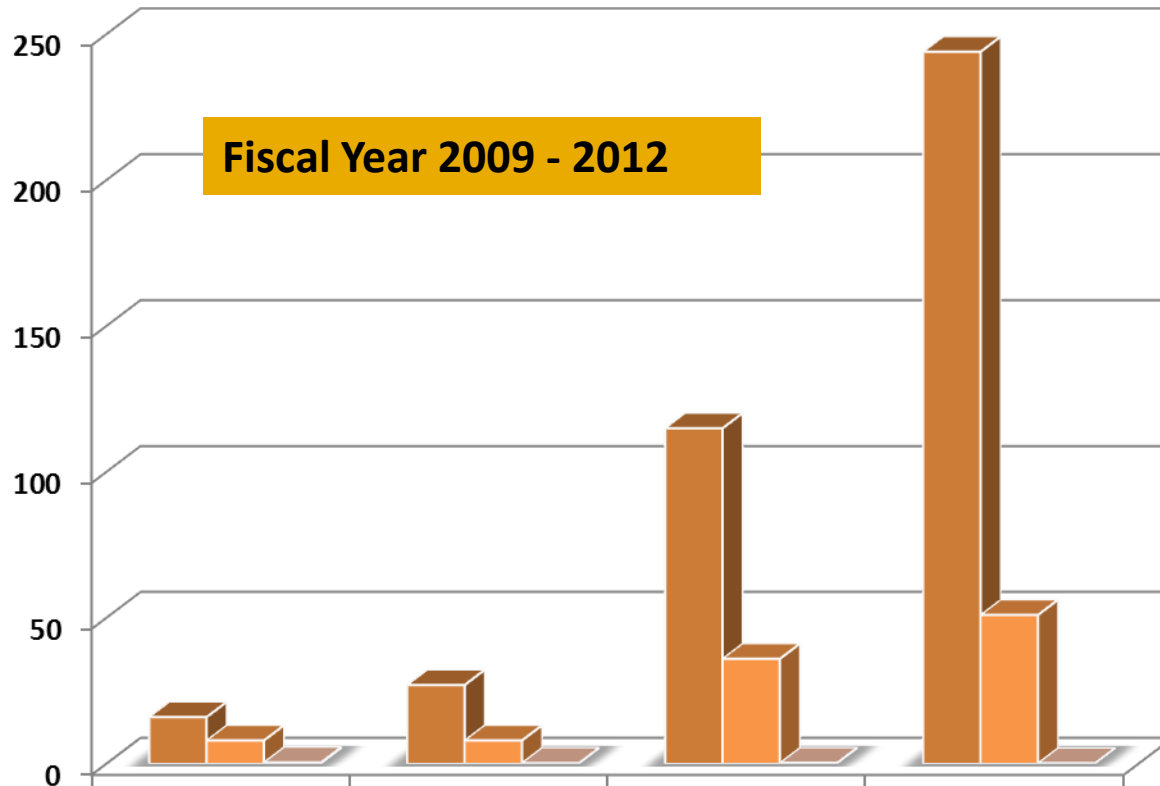
Care Continuum

Mercy Telehealth Network – FDA Clearance

Clarifying the FDA Mobile Data Device System (MDDS) Final Rule – February 2011

	FDA Classification	Examples	Applications
Urgent Acute	Active Patient Monitoring (APM) CLASS II Device	<ul style="list-style-type: none"> • Monitor Alarm Systems • Maternal-fetal monitoring • RP Technology 	<ul style="list-style-type: none"> • Tele-Stroke • Tele-ICU • Tele-Cardiology
Non-Urgent Low Risk	Medical Device Data System (MDDS) CLASS I Device	<ul style="list-style-type: none"> • Data Converter • Data Aggregator • Data Storage 	<ul style="list-style-type: none"> • Chronic patient mgmt • Patient population monitoring • Health screening
General Purpose	Unregulated	<ul style="list-style-type: none"> • Video conferencing 	<ul style="list-style-type: none"> • Distance learning • Remote administration

Mercy Telehealth Network – Telestroke Volume



- Telestroke consult
- t-PA Given
- t-PA/consults

Mercy Telehealth Network – Calendar Year 2012

- **Teleneurology Calls = 1,296**
- **Telestroke Calls (Robot Activated, i.e. “Beamed in”) = 608**
- **tPA = 113**
- **% tPA/Telestroke Calls (Beamed in) = 19%**
- **Transfers to Tertiary Center Facilities = 533**
 - **Contribution Margin = \$533,000**
- **Average Response Time* (January – June) = 10.5 minutes**
- **Average Response Time* (July – December) = < 5 minutes**

*** Average Time from when the Neurologist is Paged Until he/she “Beams” into the Partner Site**

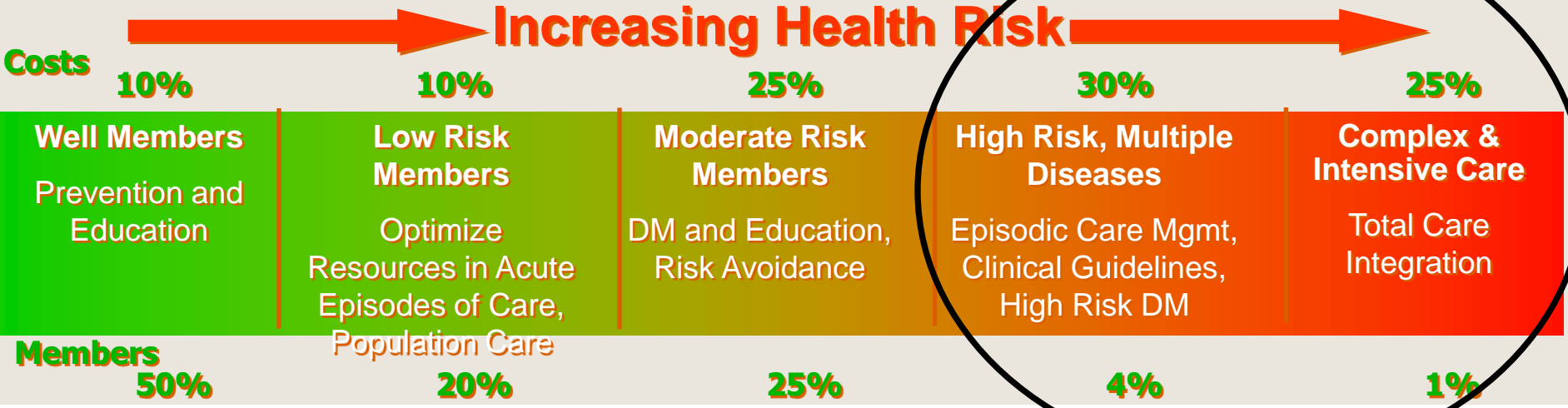
Mercy Telehealth Network – Methodist Hospital

Time Period	Ischemic Stroke	TIA	Subarachnoid Hemorrhage	Intra-cerebral Hemorrhage	Stroke – <i>other wise not Specified</i>	tPA	TOTAL	Contribution Margin/tPA	TOTAL Contribution Margin
2012 <i>(Calendar Year)</i>	169 (85.8%)	4 (2%)	0	16 (8.1%)	8 (4.1%)	28	197	\$7,170	\$222,270
Baseline <i>(2011)</i>	14 (46.7%)	7 (23.3%)	2 (6.7%)	7 (23.3%)	0	9	30	\$7,170	\$64,530



Mercy Telehealth Network – Transitions of Care

Target Population for Telehealth



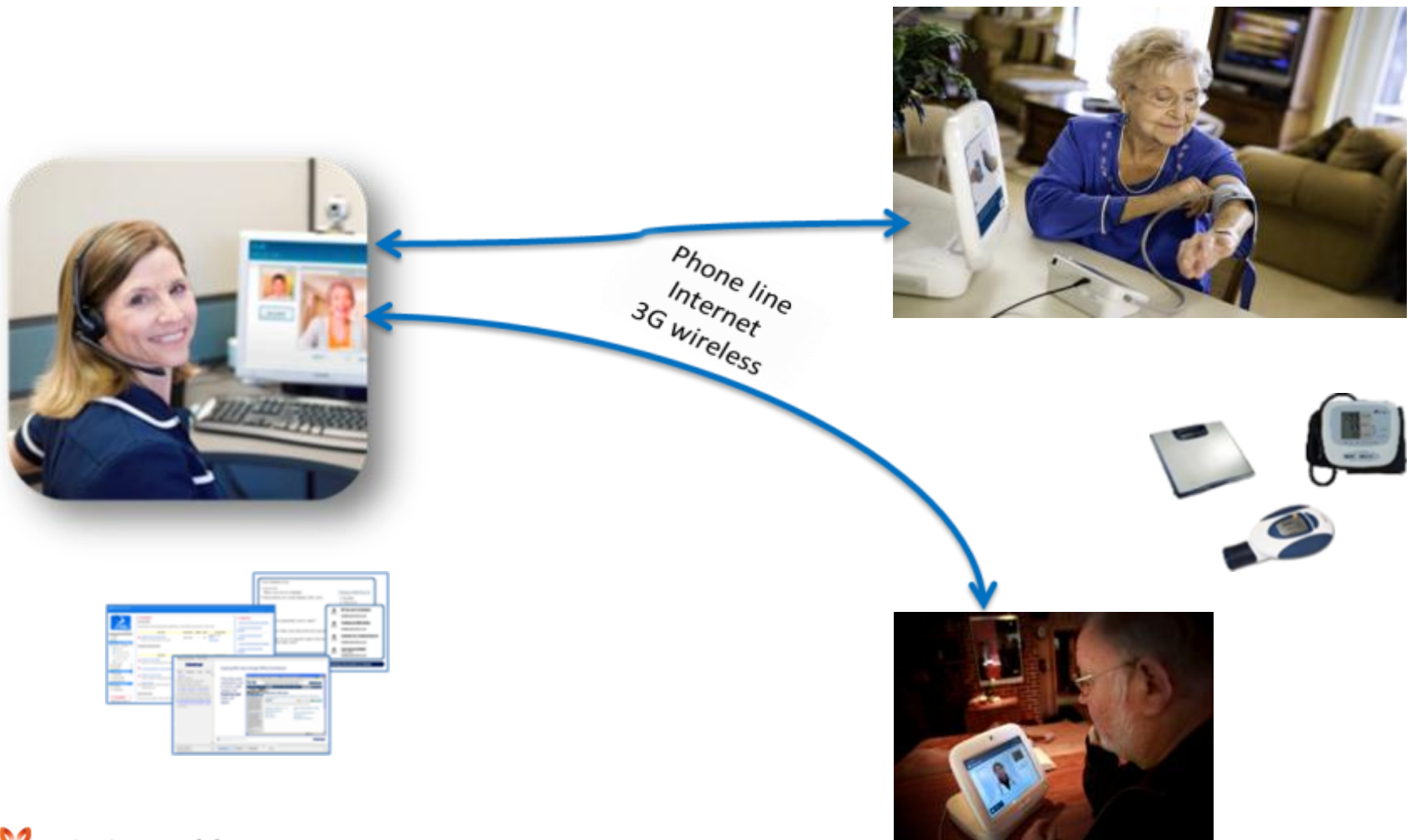
Prevention and Early Identification – Risk Avoidance

Integrated Advanced Care Models
Telehealth Enabled Disease Management

Disease Management

Pay for Performance (e.g. QHIP, HQP, MDQ)

Coordination of Care/Patient Engagement



Ken Steiner

7:34 PM

Home

Mon, Sep 17 2012



Start My Health Session



Take a Measurement



Health History



Manual Entry



Calendar & Contacts



Learn More



Goodbye

Ken Steiner

1



2



Put the blood pressure cuff on your arm as shown. Touch Next to continue.

Next 

Ken Steiner

7:38 PM

Mon, Sep 17 2012



Are you feeling more tired than usual or having more difficulty with routine activities?

Yes



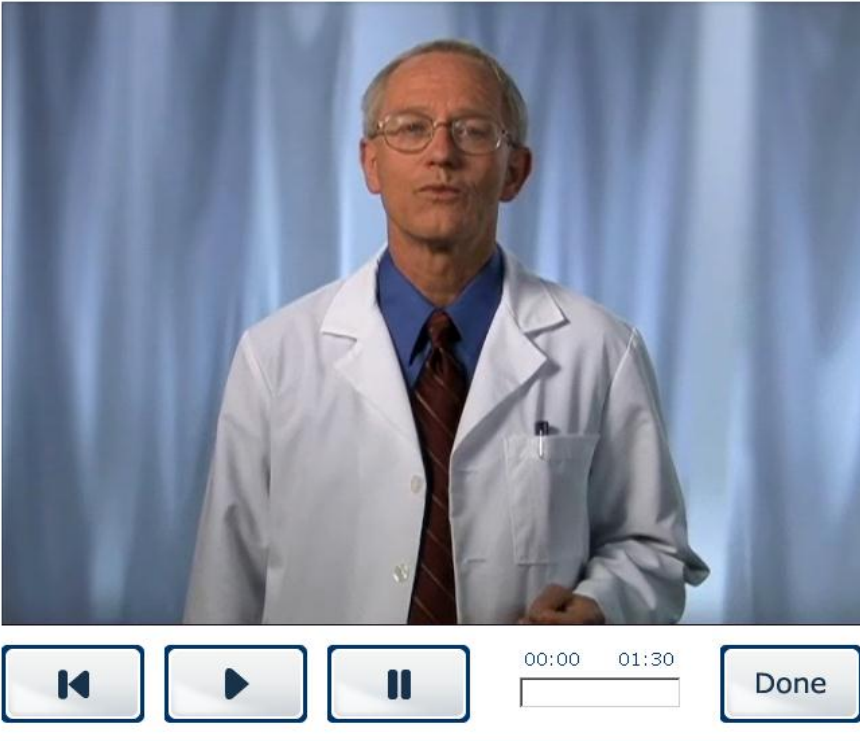
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Ken S

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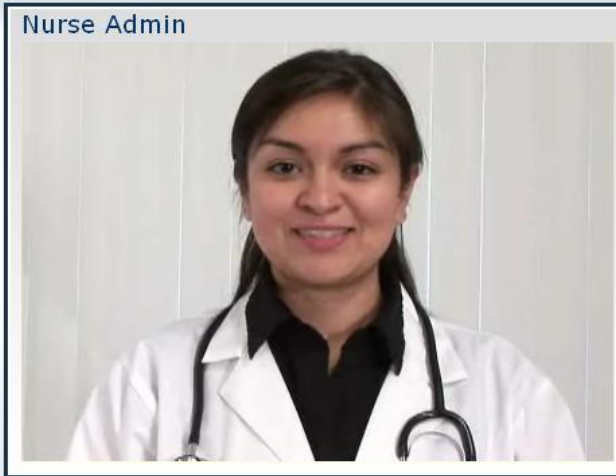
Done

Ken Steiner

3:16 PM

Video Call

Tue, Aug 12 2008



Hang Up

Home

Mercy Telehealth Network

"You can no longer afford to ignore telemedicine or offer it only as a peripheral service. Providers that don't integrate telemedicine into their delivery models are limiting patient access to the best on-demand care possible."

Jon Linkous

CEO

American Telemedicine Association

THANK YOU

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