



A New Way to Work

Special Edition: Healthcare Teams
that Focus on Patient Engagement

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Synopsis

Recently Greenlight Research and Unify have both been reaching out to people we know in the healthcare industry to see what progress has been made toward improving levels of care and the customer experience - and we were gratified to learn of a recent expansion of efforts to transform the industry. In this white paper, we feature the vision and learnings of some of healthcare's best and brightest on new ways to optimize patient and healthcare team engagement.

Healthcare Teams That Focus On Patient Engagement

By Keith Ferrazzi, CEO of Greenlight Research Institute.

My dad died of a heart attack in 1998. He'd worked his whole life in a Pittsburgh steel mill. His death was tough on my family, even though he'd had cardiac disease for years. His name was Peter, but his buddies called him Pete. He and I were inseparable when I was growing up (his friends called me "Re-Pete" because he took me everywhere with him).

A family friend who worked for one of the best heart doctors in Pittsburgh gave us access to medical advice that few blue-collar families could afford, although it was hard for us to get my dad in to see him. Lately I've been wondering: What if video-conferencing had become widespread and easy enough that the specialist could have checked in on him at home? What if technology had advanced to the point where guys like my dad who were at risk of a heart attack could wear a wireless patch that let a smartphone monitor his vitals, alert the doctor if it detected early warning signs, and even call 911?

Recently Greenlight Research and Unify have both been reaching out to people we know in the healthcare industry to see what progress has been made toward improving levels of care and the customer experience - and we were gratified to learn of a recent expansion of efforts to transform the industry.

For a field that interacts as often and as intimately with its customers as healthcare does (if you've ever worn one of those blue gowns, you know what I mean), it's amazing how little customer-focus there has been historically in hospitals and even in private doctors' practices. Healthcare represents 16 percent of the U.S. economy, yet it has stubbornly remained a field where doctors' and hospital systems' needs come first.

But that's changing. Borrowing from such unlikely sources as the Toyota Production System, a lean manufacturing methodology centered on eliminating waste (including patient's time), and aviation for its comprehensive safety systems designed to eliminate mistakesⁱ, a growing number of health care organizations are dramatically shifting their priorities and making some important changes to how they deliver healthcare.

Hospitals on the cutting edge such as the Cancer Treatment Center of America are hiring CEOs from the hospitality industry (their new President and CEO Gerard van Grinsven spent 25 years at Ritz-Carlton) to bring in a much needed customer focus. Increasingly, doctors and other clinicians are breaking out of their silos and linking in remotely to work in multi-disciplinary collaborative teams to solve

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Brian Johnston, A Partner at Stanton Chase International

From Hospitals to Hospitality

As the health care industry tries to reinvent itself by becoming more patient centered, it's turning to models from other parts of the service world, hiring leaders with a background in hospitality.

“There has been a culture shift in healthcare toward using people from other industries to lead hospitals,” says Brian Johnston, a partner in Stanton Chase International, an executive search firm with offices in 46 countries. “Higher patient satisfaction and experience leads to healthier and more engaged patients.”

One such recent example was appointment of Gerard van Grinsven as the new President and CEO of Cancer Treatment Centers of America (CTCA) in June. Van Grinsven's career includes 25 years at Ritz-Carlton Hotels, during which he opened 20 of the company's 84 hotels worldwide prior to moving into hospital management in 2006.

CTCA, a network of five hospitals located throughout the U.S. specializing in the treatment of advanced and complex cancers, is ahead of the curve in its emphasis on holistic, coordinated care in which multiple physicians, nurses and other clinicians work collaboratively on each patient's case.

And just as Ritz-Carlton Hotels redefined luxury accommodation and outstanding service, winning an unprecedented two Baldrige National Quality Awards, hospitals and health care providers are eager to shed their “doctor knows best” image and earn a reputation for outstanding customer experience. Today's hospital clientele aren't patients - they're guests.

Meanwhile, the Ritz-Carlton seems to be leading the pack among hoteliers willing to share their experience. The company is well known for establishing the Ritz-Carlton Learning Institute and the Ritz-Carlton Leadership Center, but it has also made more recent moves to lend a hand in the metamorphosis health care is undergoing, inking a \$388,000 deal with Erlanger Health System in Chattanooga, Tennessee to reinforce customer service ideals with Erlanger's 4,500 employees last year.

Ritz-Carlton has also offered lessons to Stanford University Medical Center, New York Presbyterian Hospital, Loyola University Medical School, and the Bon Secours Health System of Virginia, according to a News Channel 9 article.

complex medical problems. And some of the largest hospitals are announcing sweeping changes to the systems they have in place so that up-to-the-minute patient information is easily accessible to clinical teams at their facilities or even from other organizations for better patient outcomes.

Dr. Joyce Lammert, who was involved in the effort to make Virginia Mason Medical Center in Seattle, Washington a leader in patient-centered care, explains the magnitude of the change that the hospital (and currently the whole healthcare industry) is going through in *Transforming Health Care: Virginia Mason Medical Center's Pursuit of the Perfect Patient Experience*ⁱⁱⁱⁱ.

“There was an expectation of autonomy – that’s a really big thing for doctors, calling the shots on how you practice and what you do. It’s gone from doctor-knows-best to 21st-century medicine where it’s patient-centered, collaborative, team medicine – all about working together.”

Virginia Mason Medical has spent the past decade working on the transition, and at this point has solid data on the effectiveness of the patient-centered approach, including:

- A 38 percent drop in liability insurance from 2007 to 2009
- An increase in nurses spending their time with patients from barely one-third to 90 percent.
- Ranking in the top one percent of hospitals for a combination of quality and cost as compared with 1,165 other hospitals in 2009.

But while several years ago Virginia Mason was something of a lone pioneer, these sorts of changes are now spreading throughout the industry now that patient satisfaction scores figure into Medicare reimbursement rates. Every hospital leader we’ve talked with in the past several months is focused on patient-centered care. Beyond that, many are changing their business models and using the latest engagement technology to extend services beyond the hospital walls and even to patients in their homes.

The promise of routinely increasing the uptake of preventative care by engaging patients where they live and saving patient lives through remote monitoring of data has never been so close to realization. Experts I’ve talked with say this state of achievement is one to three years away from general adoption, and it’s a massive shift that will have transformative impact.

Let’s look at some of the key areas where patient engagement is likely to improve.

Patient Data Availability

Judged by the standard of the Toyota Production System, having patients fill out essentially the same medical history form every time they see a new doctor is a Class A example of waste – yet it’s almost ubiquitous. Patients introduce error when they have trouble remembering everything on the sometimes long lists of medications they are taking. And each doctor has to double check a patient’s medical history verbally to ensure accuracy, instead of focusing on the patient’s current needs.

When I ask medical professionals why such a cumbersome, redundant system still exists, they tell me it’s a combination of practice silos and a fear of legal liability should any shared information turn out to be inaccurate.

But it’s on its way out. A growing number of health care organizations have introduced electronic health record-keeping that any clinician within the organization (or even from other organizations) can access and update. Luis Taveras, Senior Vice President and Chief Information Officer at Hartford HealthCare in Hartford, Connecticut, says this change alone will result in a big increase in quality.

“We’re seeing a much more mobile patient, and a much more mobile clinical workforce,” says Taveras. “So whenever a clinician needs a patient’s story, regardless of where they are, the same story comes up.”

The impact is huge. For example, the lack of easy-to-access electronic records has meant that patients sometimes develop side effects from medications, e.g., digestive discomfort, which, if not recorded in a central database, could be treated as a new health concern.

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Learn From Their Screen-side Manner

Virtual teams that meet via video can learn something from the way tele-physicians are coached in “screen-side manner”.

Luis Taveras, Senior Vice President and Chief Information Officer for Hartford HealthCare, says remote phone visits, email consultations and smartphone interactions will become much more prevalent in the next 3 to 5 years. The high definition camera of smartphones and tablets is perfect for showing a busy dermatologist one’s rash, for example. Moreover, Taveras says smartphones and watches will allow data capture to provide predictive capabilities. “If data indicates impending cardiac arrest, we’ll alert them to pull the car to the side of the road and call 911 for them,” Taveras says.

Emergencies and complex diagnostics aside - no smartphone will support an MRI app - Taveras sees a large percentage of care shifting from hospitals and physician’s offices to virtual house calls.

Bob Riney, President and COO of Henry Ford Health System, agrees that onscreen information sharing and video is hugely helpful but notes the potential limitation. “Healthcare is and always will remain the most human of interactions. You’re dealing with intimate details of one’s life,” Riney says. Henry Ford’s new simulation center has been “designed from the very beginning for multi-disciplinary team learning.” Screen-side manner is taught, he says, beginning with the collocated case.

For example, physicians should sit side-by-side and interact with the patient, as opposed to staying focused exclusively on the screen.

Screen-side manner is particularly important in consulting with remote patients. Everyone who joins Specialists On Call or becomes a customer is on-boarded using video, says CEO Joe Peterson, in part to learn the do’s and don’ts of video consultations - which are not always intuitive. A coffee cup in the office connotes a relaxed and approachable doctor. Yet, the same coffee cup close to a webcam becomes distractingly large, and patients often perceive it as inappropriate casualness. “It’s not that different from media training,” Peterson says. “But we’re talking about working with doctors, a group of people who are not always great communicators in the first place. So, we’ve had to start by taking off some pretty sharp edges.”

The pluses, such as on-screen guidance on best practices for the care being provided, are huge, Peterson says. Just be aware that relatively small gestures and inflections of voice have substantially greater impact when somebody is anxious, hyperaware and totally locked on the screen. “There’s no reaching out with a gentle hand on the shoulder,” he says.

For that, you’ll still need an office visit.

Collaborating to Deliver Higher-quality Care

Taveras is quick to point out that the same consistency is needed for medical procedures. He said, "If you present in one of our ERs with chest pain, you should be treated the exact same way regardless of which emergency department it is." Noting that the system handling clinical team communication also prompts best-practice protocols, he said, "We're working with all of our clinicians to make sure that we have that coordination and standardization of care."

Easier said than done, says Bob Riney, Chief Operating Officer of Henry Ford Health System in Detroit, Michigan, which has recently built a simulation center where clinicians practice working as a team on delivering care.

"The industry has really been struggling with all sorts of fragmentation of the patient experience for many years," says Riney. "Team-based medicine has a very smooth handoff, and consistent communication. The nurse, radiation therapist, home healthcare worker, physical therapist, physician - you name it - are all on the same page and are all working as one orchestra to support the needs of that patient."

Van Grinsen says CTCA's focus on face-to-face meetings between the entire care-giving team and patients doesn't preclude virtual collaboration. "We use high-definition video conferencing at CTCA to enhance physician-to-physician communication for both specific patient cases, as well as discussions of new clinical breakthroughs."

The doctor-patient relationship is becoming more collaborative too, says Riney. In the old model, the physician would sit opposite the patient and glance at a computer screen or notes. Now they

sit side-by-side and look at the screen together and discuss the results.

"The technology allows patients to truly feel like they are partners in their care - that the information is ultimately theirs as opposed to the 'need-to-know basis' that has really been the historical position that the healthcare industry has taken," says Riney.

To alleviate the embarrassment of the old open-back gown, Riney says a team from Henry Ford collaborated with the College of Creative Studies in Detroit to come up with a less compromising garment that nevertheless allows access for examinations. Focus groups of patients are giving it rave reviews.

Ushering in an Era of Remote Medicine

All our conversations with CEOs and COOs of health care organizations indicate that remote medicine is about to take off, whether that means using FaceTime or other video calling to show your doctor a rash, or smartphone/smartwatch-based monitoring tools that track everything from your blood pressure to your weight.

"More and more, healthcare is going to be migrating outside of the traditional brick-and-mortar buildings and into the homes and the e-technology that a patient walks around with," says Hartford HealthCare's Taveras.

Indeed, it's already done so. As mentioned before, Specialists on Call has specialists available to deal with emergency situations. When a clinician at a participating hospital needs a neurologist's input, one of a number of SOC neurologists efficiently serving many hospitals during a shift uses video-conferencing to direct the attending ER physician to perform an exam on the patient.

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“Telemedicine used to be an ‘if’ question. Now it’s ‘when and how do we engage this as a means of administering care?’”

Joe Peterson, CEO of Specialists On Call

Medical Tourism – Coming to an Island Near You

Most people head to the Cayman Islands for their gorgeous beaches, crystal clear water - maybe a little offshore banking. But soon U.S. travelers may have a new reason to hop the one-hour flight to one of the islands off the coast of Miami: heart surgery.

Ascension, a St. Louis-based health care network, is building a hospital in the Caymans in collaboration with Dr. Devi Shetty that will offer cardiac surgery for a fraction of the price that patients currently pay in the U.S.

Dr. Shetty, a cardiac surgeon, founded a similar hospital in Bangalore, India in 2001 that has 1,000 beds and performs over 30 major heart surgeries per day - for a price of about \$1,800 a piece. In the U.S., the same surgery can cost as much as \$100,000.

Dr. Shetty’s mission is to open as many affordable hospitals as possible, both in India and abroad, using economies of scale to rein in costs.

“It’s an exciting opportunity,” said Tony Tersigni, CEO of Ascension. “It’s an exciting laboratory for learning new things and having our physicians and caregivers see what’s transportable back to the United States.”

Although the hospital in the Caymans will focus on heart surgery initially because of the lack of tertiary care anywhere on the islands, the ultimate goal is to develop an entire “Health City” where various specialties are practiced. As the new hospital goes from blueprints to buildings, Dr. Shetty and Ascension keep the project on track virtually - something they plan to expand after the hospital opens.

“We’re going to be using tele-presence in a big way in the Cayman Islands facility for specialty consults,” says Tersigni. “[Dr. Shetty] does it all on an iPad right now from India.”

“It’s interesting because it is very, very uncommon that our neurologists feel that they can’t get the same data from watching somebody else do the physical exams,” says Peterson.

The result is just-in-time medicine with a very high rate of diagnostic accuracy - better than in-person consultations in a regular ER setting. Moreover, says Peterson, it addresses an important unmet need.

“The shortage in specialty care is much more profound than most people realize,” says Peterson. “Telemedicine used to be an ‘if’ question. Now it’s ‘when and how do we engage this as a means of administering care?’”

Technology to Deliver the Patient-Focused Vision

My foundation’s “Big Task Weekend” in 2010 gathered thought leaders to work collaboratively on a few of the world’s biggest challenges, one of which was improving healthcare. We made significant progress on a few other topics, including our University of You manifesto on self-directed learningⁱⁱⁱ as the answer to the organizational learning crisis. But we almost seemed overmatched as we wrestled with healthcare.

It’s good to see some of the patient-focused improvements we envisioned for healthcare coming to fruition now with the maturation of engagement technology that can deliver it.

The Doctor's Office of 2025

Chances are that by 2025 only a small percentage of people will actually see a doctor when they need medical care. Instead of today's overflowing waiting rooms and warren of tiny cubicles where patients don compromising blue gowns and wait for a doctor to knock before spending 5 minutes with them, the vast majority of people will receive medical care delivered remotely via computer and video conferencing, with nurse practitioners and other clinicians overseeing patients' care electronically, says Dr. Lyle Berkowitz, Chief Medical Officer of Innovation at Northwestern Memorial Hospital in Chicago, Illinois.

As health care moves from being a volume-based system to a value-based system, new types of clinical decision support (CDS) tools will allow for automation and delegation of many of the routine, rules-based tasks performed by doctors today. For example, Madison-based Healthfinch offers software called RefillWizard, which integrates with electronic medical record systems to automate routing of prescription renewal authorizations. This change alone could save physicians 30 minutes per day, "adding" 25,000 full-time physicians to current capacity, according to Berkowitz.

Other shifts include delegating a lot of routine care to nurses and other clinicians. Already, more and more nurse practitioners are getting a PhD or a doctorate in nursing practice (DNP) to handle the increasing demands in their work.

Based on studies that show that one percent of patients account for 20-30 percent of health care costs - and that the healthiest 50 percent of patients only account for three percent of costs - it is clear that patients can be put in groups (green, yellow and red) according to the complexity of their health needs. Today, doctors typically see 25 patients per day, many of whom are in the green zone where health issues are simple and could be handled by others on the team. In the future, says Berkowitz, doctors will see fewer people in the office but take care of five times more people by effectively using teleconferencing and CDS systems backed by their team. For example, a typical day may include seeing five red-zone patients in the office while supporting 20 to 30 yellow-zone patients via messaging and video. Patients in the green zone will be managed mainly by computer systems designed to ensure they stay on track, providing positive feedback as they achieve health goals.

It's also good to see the industry reaching out not only to patients but to family caregivers on an ongoing basis to keep closing gaps between patient needs and services delivered. In their recent nationwide study of cancer patients and caregivers, CTCA found room to improve "in the areas of care management and coordination, spiritual and psychological

services, and pain management," says CTCA's Van Grinsven. "The point I'm trying to make here is we constantly need to be reengaged and stay close to the customer and not continue to assume that we know what they want."

Patients and caregivers as customers: now we're talking.

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