The Business Case for Interoperability from a Health System Perspective

ACC IHE Task Force
Harmonizing Dataflow and Workflow Across the Clinical Domain

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Size
- Employees: 243,500 (US)
  - Nurses – 79,000
  - Allied health professionals – 47,000
  - Affiliated physicians – 38,000
  - Employed physicians – 3,100
  - Practitioners – 1,000

Facilities
- 179 Hospitals in US and UK
- In 20 States
- Ambulatory Surgery Centers – 120
- Freestanding ERs - 51

Patient Care
- Patients: HCA provided 26M encounters
  - Admissions – 1.8 M
  - Patient encounters – 28.2 M
  - Deliveries – 217 K
  - ER visits – 8.6 M
  - Physician clinic visits – 8 M
  - Surgeries – 1.4 M
  - 2016 Isolated CABG - 10,153
  - 2016 Isolated AVR - 3,996
  - 2016 CABG + AVR - 2,747
  - 2016 TAVR Procedures- 1,348
  - 2016 NCDR CathPCI Procedures – 48,012

CV Programs
- Cath Labs – 132
- CV Surgery – 88
- 38 US TAVR Programs (3 UK)
- 37 Watchman Programs
Objectives

- Strategic Framework
- Focus on Interventional Cardiology
- **Connecting the Care to a Business Case for Interoperability**
  - Understand your costs
  - Understanding your potential
  - Challenges
  - Building Momentum, Maintaining Energy
  - Delivering Results
- High-Level Strategy
- The Executive View
- Summarize Experience (areas of interest)
Strategic Framework

To achieve purpose of driving excellent care at scale
Focus on Interventional Cardiology

Strategic approach to realize our vision and deliver results

HCA Strategy

- Advocacy & Leadership
- Increase Performance Visibility
- Consistency in Practice & Operations
- Leverage Scale to Drive Performance
Business Case for Interoperability

Understand your costs

What are you buying?

Cost to Change

What are your assets?

Cost to run the business

What are your resources?

Recruitment

Define your financial & participation model
Understanding your potential

- Patient Care, Safety, Quality
- Efficiency/Productivity
- Cost Savings
- Reimbursement

Interoperability Delivers Benefits

Andrea Price, MS, RCIS, CCA
Indiana University Health

James Tcheng, MD, FACC, FSCAI
Duke Medical Center and Health System

What Did We Accomplish?

- Problem: inaccurate data, incomplete reports
  - Distributed responsibility for acquiring data to those closest to the data
  - Eliminated double documentation (prelim + final report)
  - Focused the physician on cognitive work (assessment, recommendations) – computer compiles 90% of report

- Problem: inefficient use of human resources
  - Each group captures data at point of care
  - Each group responsible for accuracy, quality of data

- Problem: poor / redundant communication
  - Was: 4+ days on average to produce final report
  - Now: before the end of the procedure (no prelim report)
Challenges

• Challenging time to ask for money
• Complexity of invasive workflows to solely attribute the full benefits to interoperability
• Return on investments take time
• This effort is a journey
• Quality can have a value and contribute to cost savings but is not necessarily “cash releasing”
• **This is hard work**
Build Momentum, Maintain Energy

**How is your strategy built?**
Contracts, Legal, IT
People, Advocacy & Leadership
Vendors

**Build Partnerships**
Allies are required
Influencers
The “glue”

**Identify Key People**
Trust
Collaboration
Accountability

**How will you maintain your program?**
This work effort needs to be defined in the business case

**Socialize the Journey**
Doing the right thing
Relate the journey back to the patient care
Support your physicians
Execution

The **benefits** are real and they can happen

- Understanding change and execution in human terms
- How do you identify mutual obligations?
- Define baseline metrics with teams
- Real Factors to consider:
  - Technical landscape is changing
  - Politics are changing healthcare
  - Competing priorities
  - Cross organizational working teams
- Socialization
  - Focused, targeted communication
Different Perspectives, Leadership and Lessons

To be Interoperable

- Partner Organization (HCA and ACC/NCDR)
- Standards (IHE CPN)
- Competing Priorities (why should a vendor be interoperable)

Working on this
High-Level Strategy

Executive Steering Committee
(physician focused)

Analytics Strategy
- Drive data standards with an analytics model
- Collaborate with field to build metrics for Cardiovascular Services
- One-click executive dashboard

Education Strategy
- Implement standard book of work
- Adherence to standard annual training (Physicians and Staff)
- Standard Onboarding

Integration Strategy
- Improve data flow
- Focus on key workflows for Interventional Cardiology

Project Implementation Strategy
- Dedicated implementation team
- Drive standardization
- Vendor Adherence to HCA standards
- Data to address baseline documentation (Interventional Cardiology)
The Executive View

Unified Goal:
Best Experience + Best Pricing + Best Outcomes = Greatest Value
Summary:

1. Costs – do not skimp here
2. What are you trying to accomplish
   1. Tie work effort to transformational care model
3. Provide many examples of benefits and how you will measure benefits for ROI
4. Manage the people, the energy, make it a collaborative work effort, always remember you are doing the work for the patient
5. This is a journey, your business case is alive and breathing (monster)
Thank you!

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