Disrupting from within through Digital Innovation

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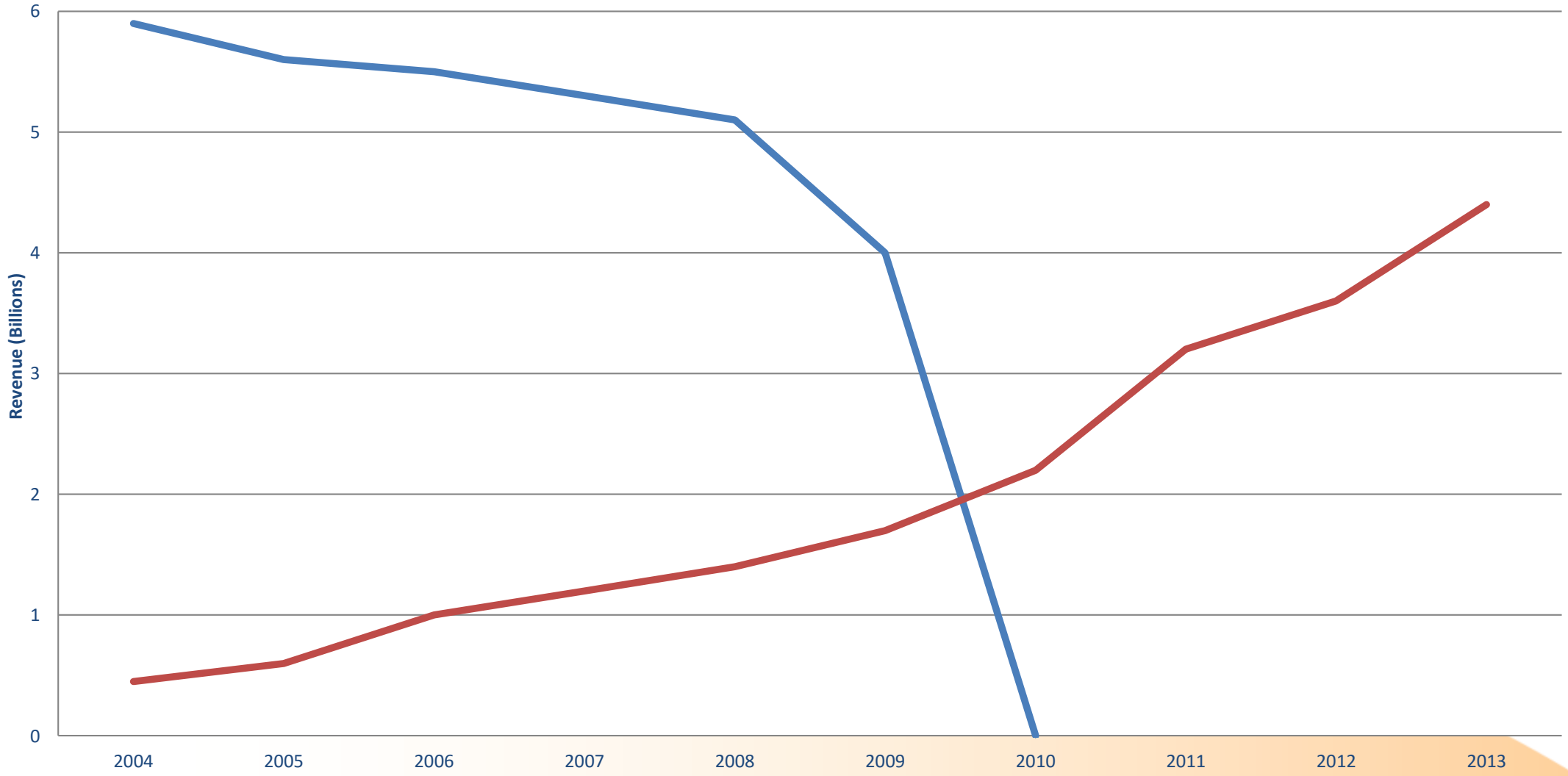
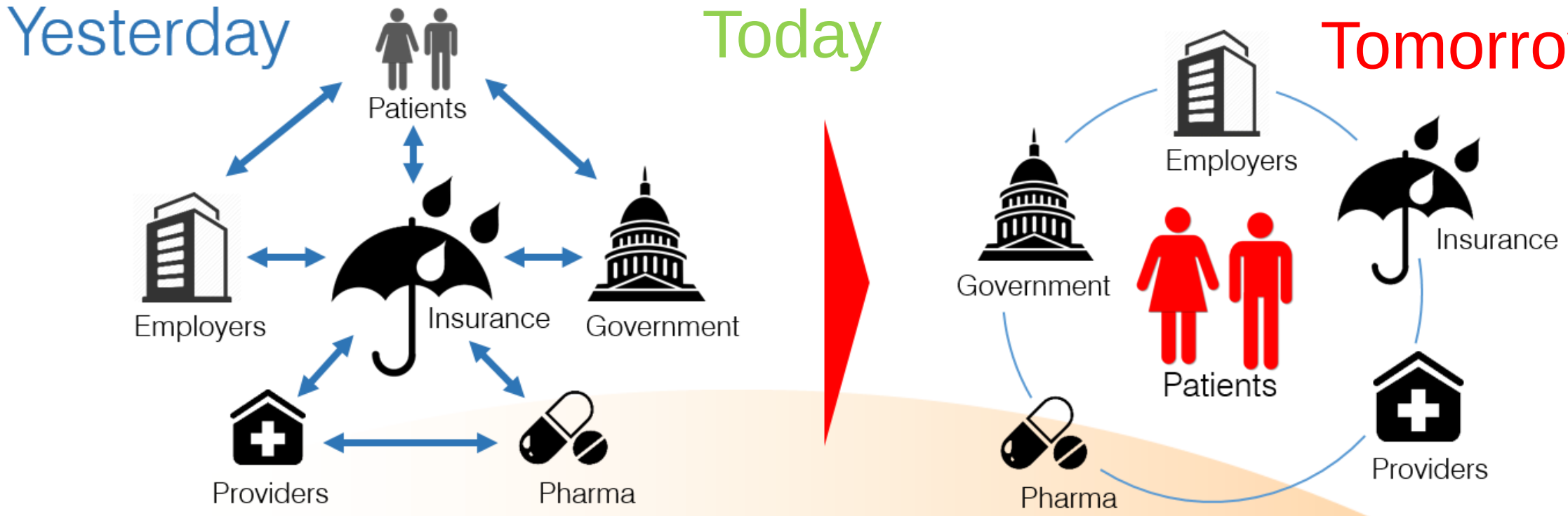
The Digital Revolution

Pope Benedict XVI

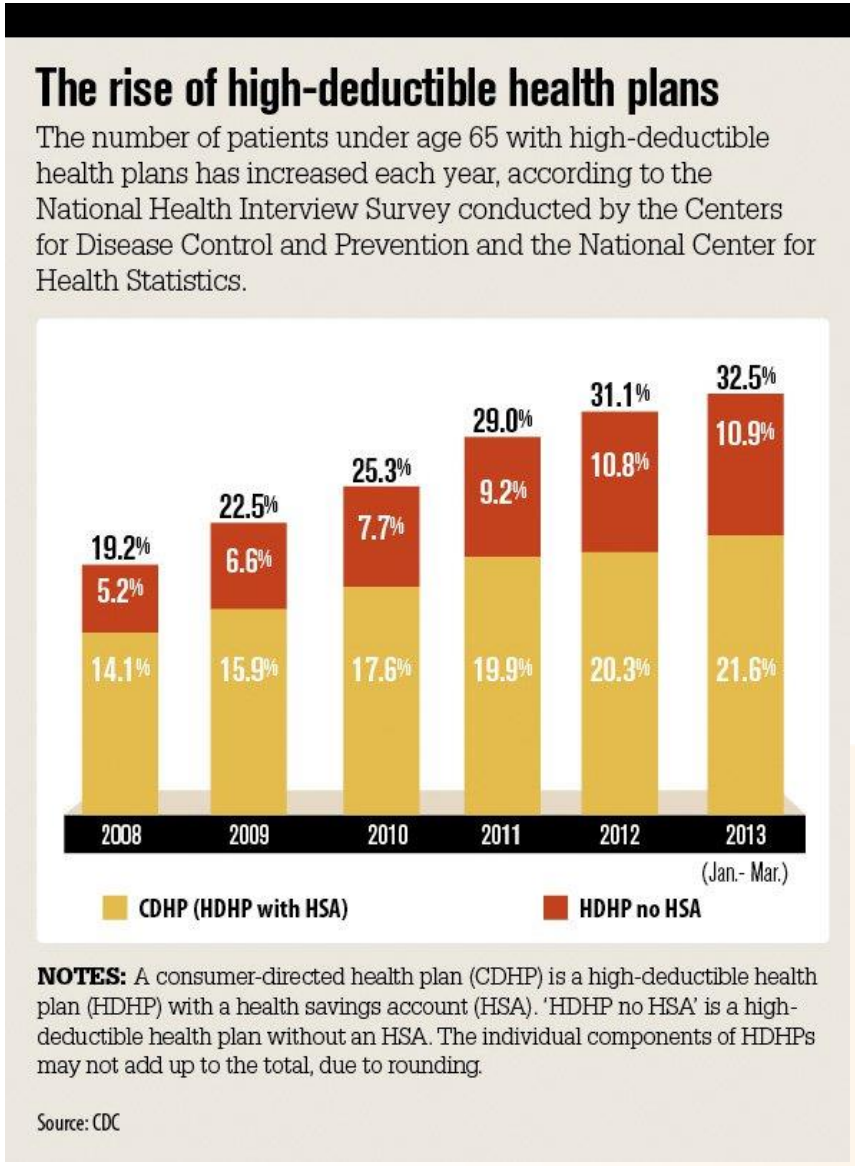
Pope Francis

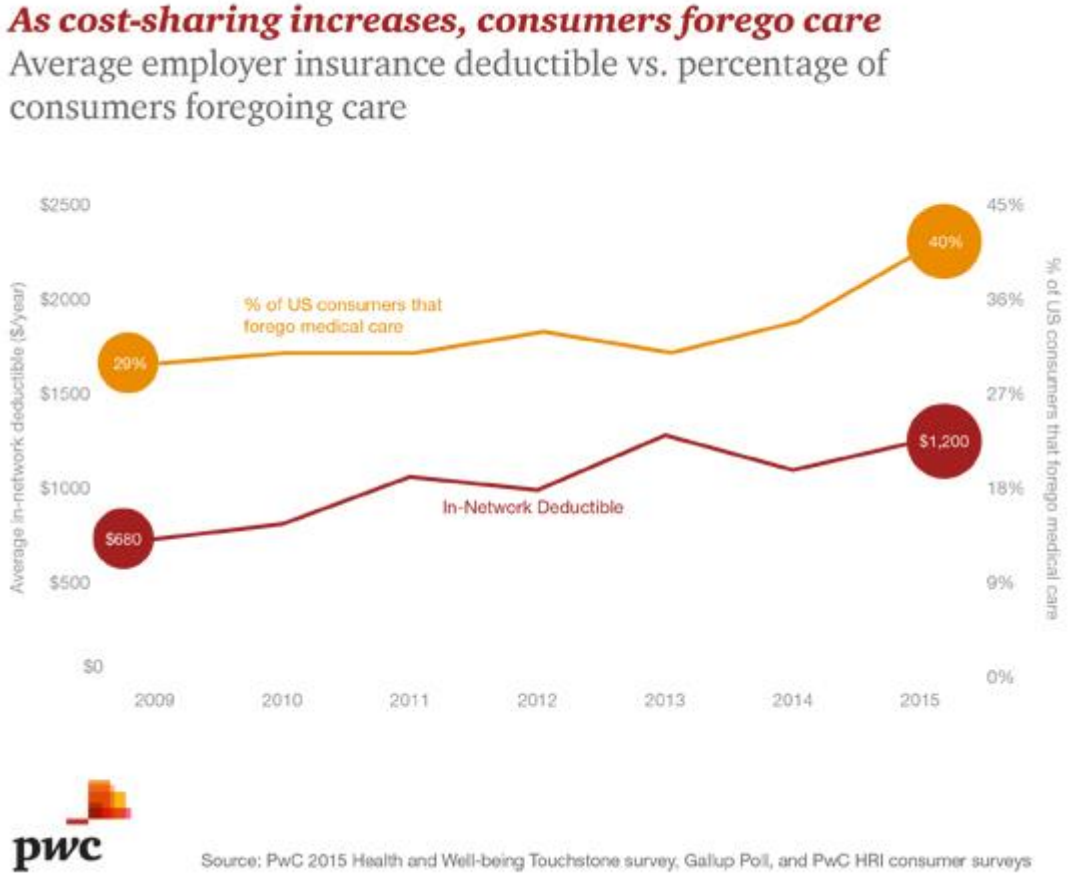
A Tale of 2 Companies




Yesterday
Patients
Employers
Insurance
Government
Providers
Pharma
Today
Tomorrow
Employers
Government
Insurance
Patients
Providers
Pharma

Look at the trends

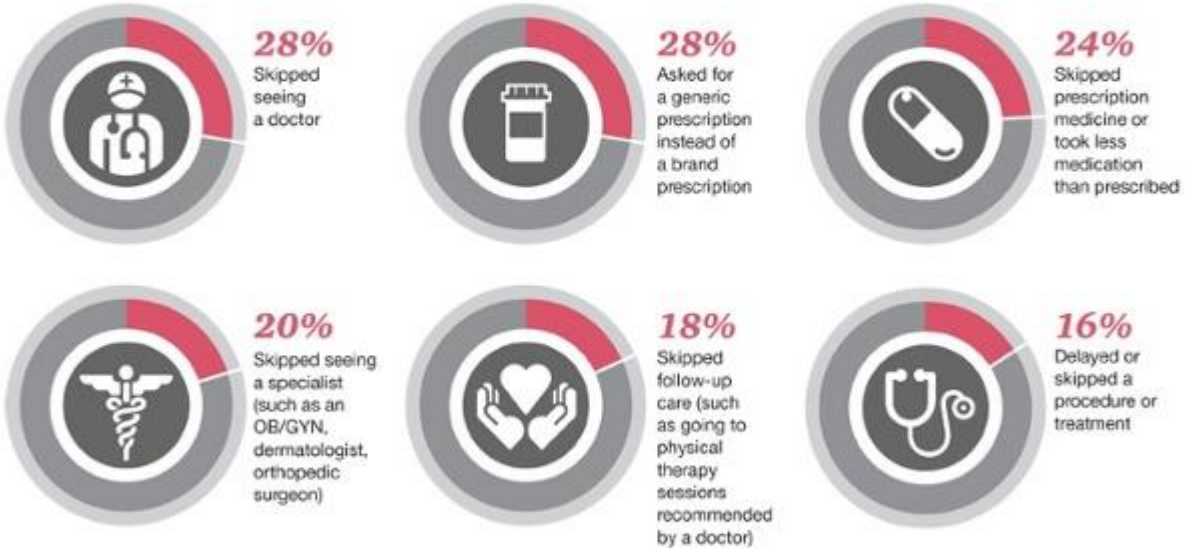




Consumerization Forcing Change

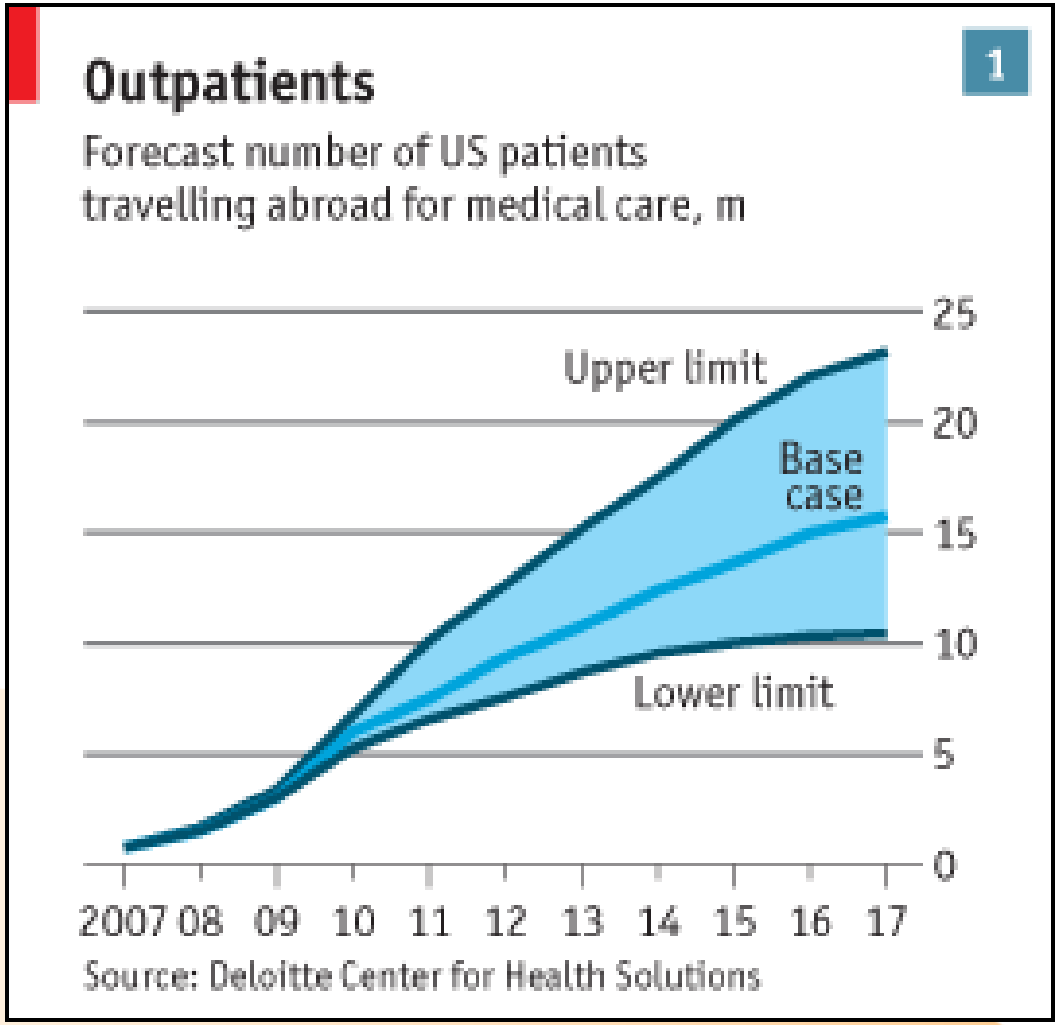
Cost-shifting pushes consumers to become more conscientious about their healthcare choices

Percentage of consumers with employer-based insurance who took the following actions in the last 12 months due to cost of care



pwc

Source: PwC Health Research Institute 2015 consumer survey



Why Innovate

- Fee for Service
- Volume Focus
- Episodic
- MD-directed
- Payer-Controlled

- Value-Based
- Outcomes Focus
- Integrated
- Consumer Directed

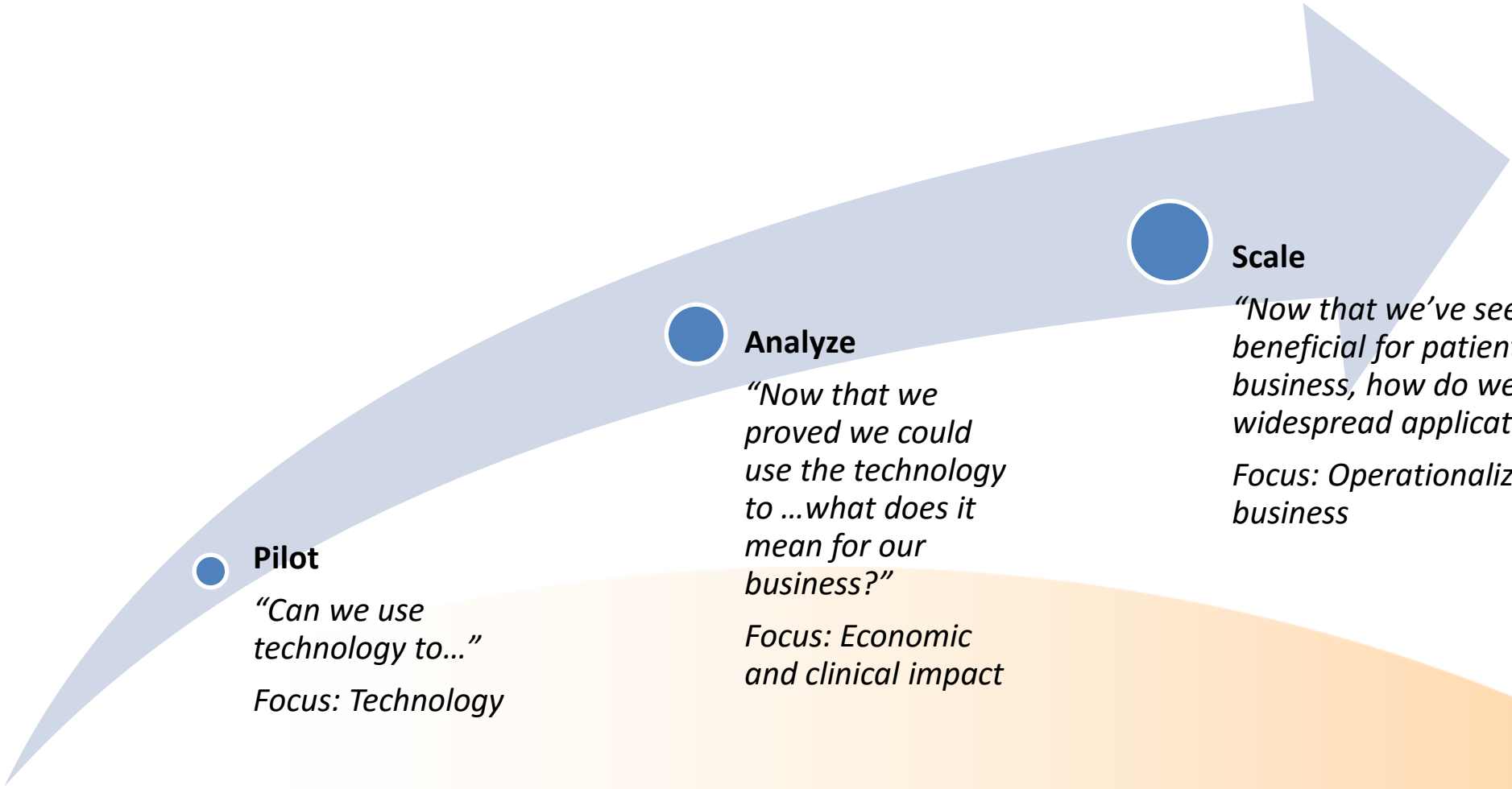
Yesterday's success may be tomorrow's failure

Providence Digital Innovation Group

- Business Unit within PH&S with Sr. Leadership Representation
  - Aaron Martin, Sr. Vice President Strategy & Innovation
- Established to intentionally seek and deliver purposeful disruption that:
  - Creates a stronger bond between us and our patients
  - Addresses problems in order to:
    - Ease access to care (for patients)
    - Ease the delivery of care (for providers)
    - Lowers the cost of care (for everyone)

"Know me, care for me, ease my way"

Innovation vs Addressing Problems



Pilot

"Can we use technology to…"

Focus: Technology

Analyze

"Now that we proved we could use the technology to …what does it mean for our business?"

Focus: Economic and clinical impact

Scale

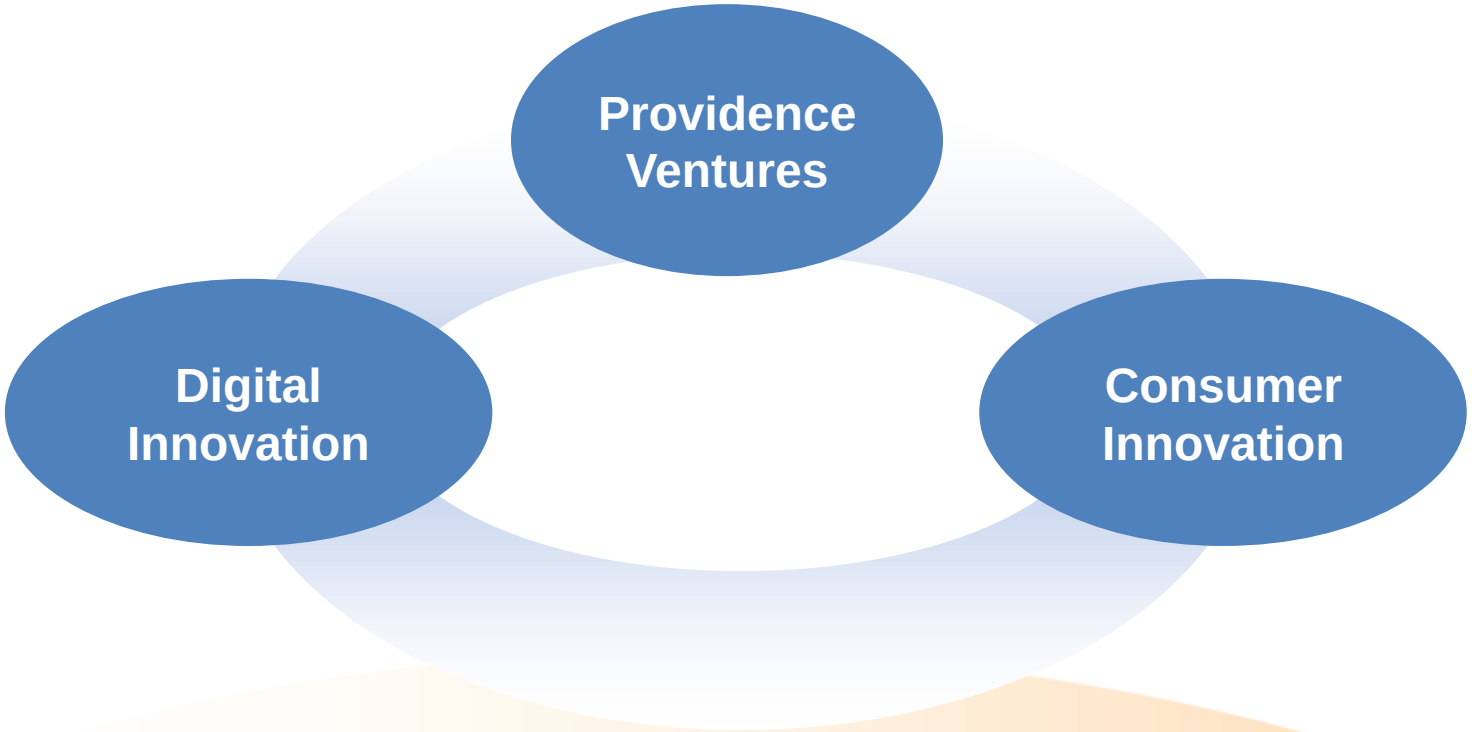
"Now that we've seen it's beneficial for patients and the business, how do we scale it for widespread application?"

Focus: Operationalizing it as a business

Defining the Problem

- Decoupled from the solution
- Rooted in value
  - Quantify its negative impact
  - Quantify the value of solving / improving it
- Obtain commitment to implement a solution, if derived

Providence Innovations

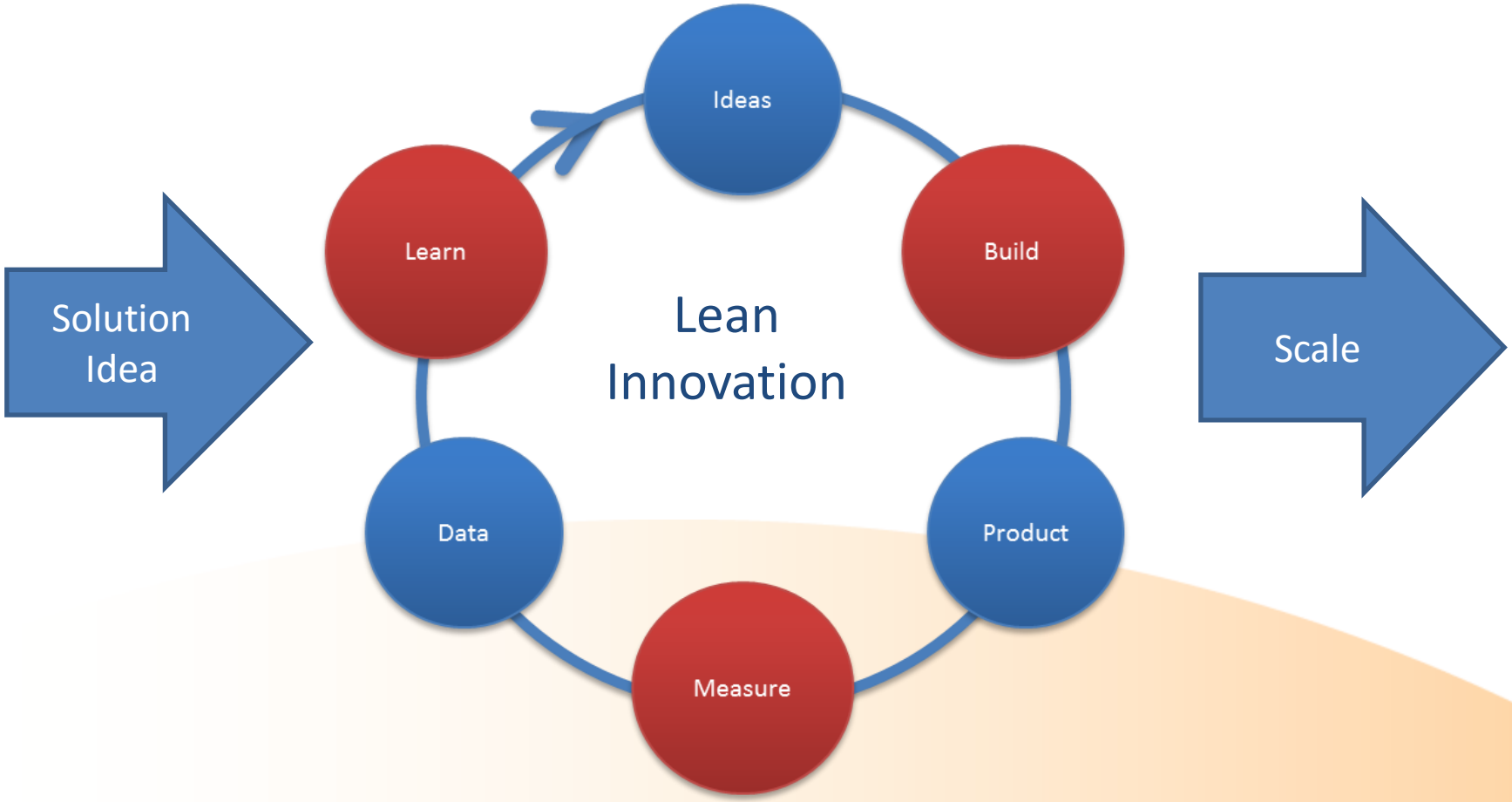


Discover Important Innovations, **Demonstrate** They Work, and Bring them to **Scale**

Providence Ventures

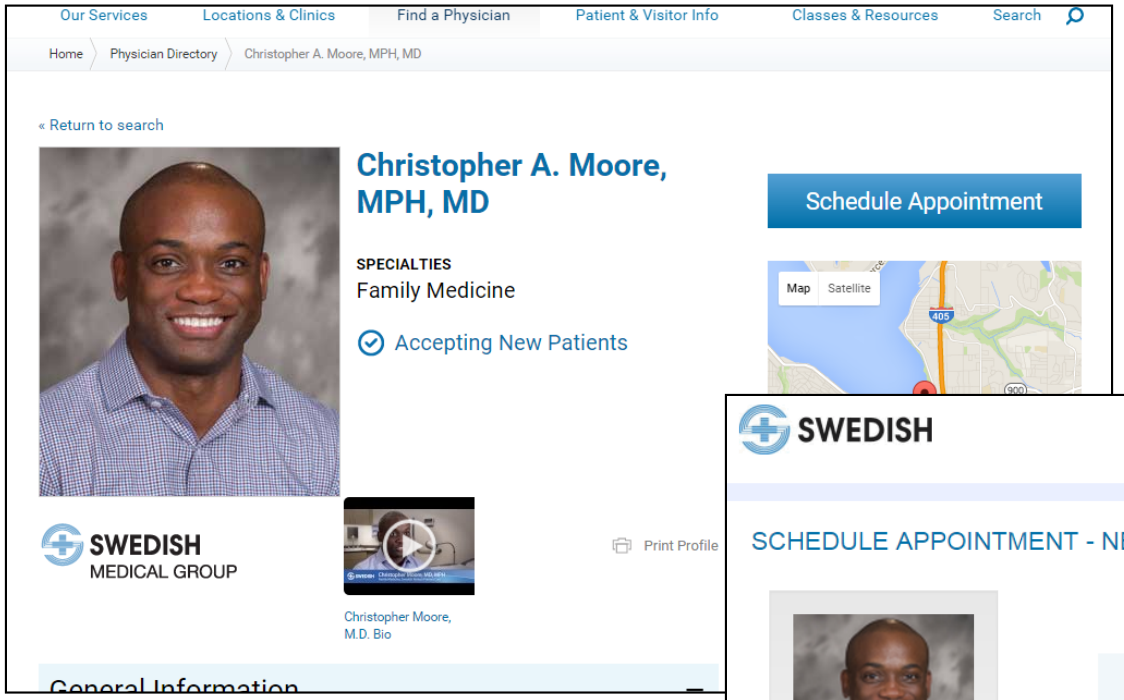
Focus Area	Chronic Disease	Healthcare e-commerce	On Demand Healthcare	Population Health	Clinician Tools	...
Description	Technology solutions enabling management of chronic conditions	Enabling new methods for the purchase of healthcare services	Platforms that improve patient healthcare access across settings	Solutions to manage and effectively utilize data across the enterprise	Technology which improves the clinician experience	
Current Portfolio	omada, Sqord, LYRA	binaryfountain, KYRUUS	INDEMAND Interpreting		gaussurgical	

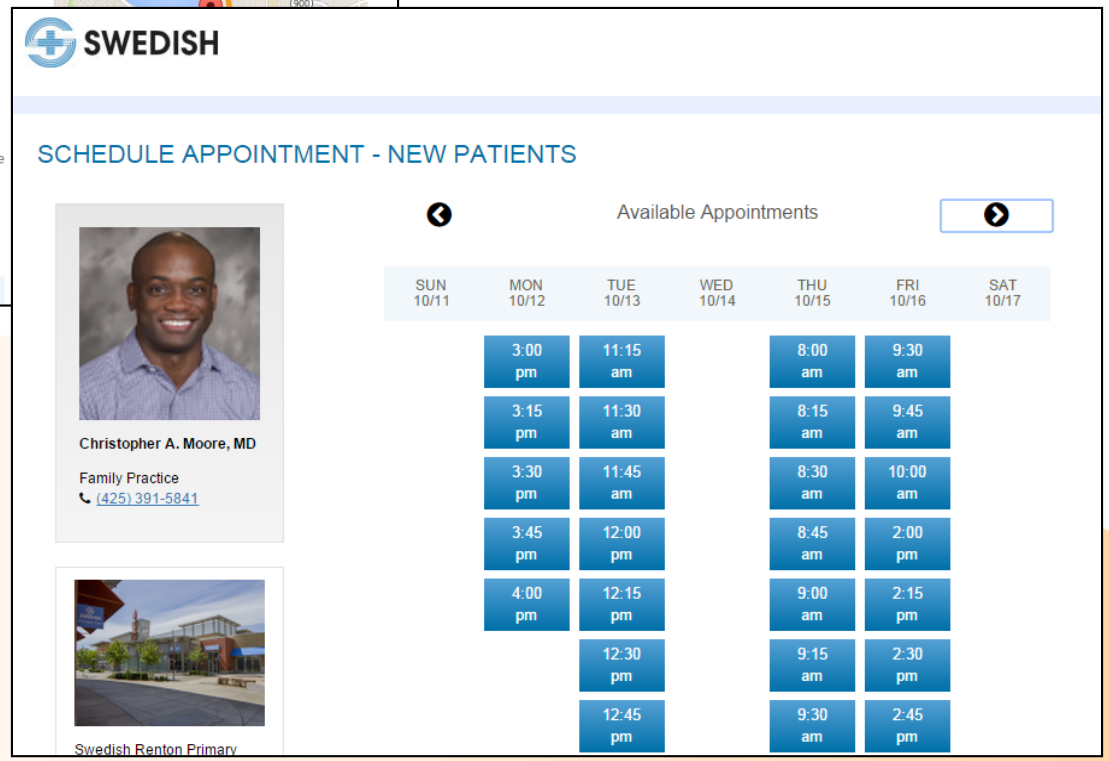
Process: How We Innovate



On Demand Health Care

Online Scheduling





- Streamlining appointment Booking & Canceling process
- Simplifying finding a new MD

On Demand Healthcare

Walgreens + Providence/Swedish

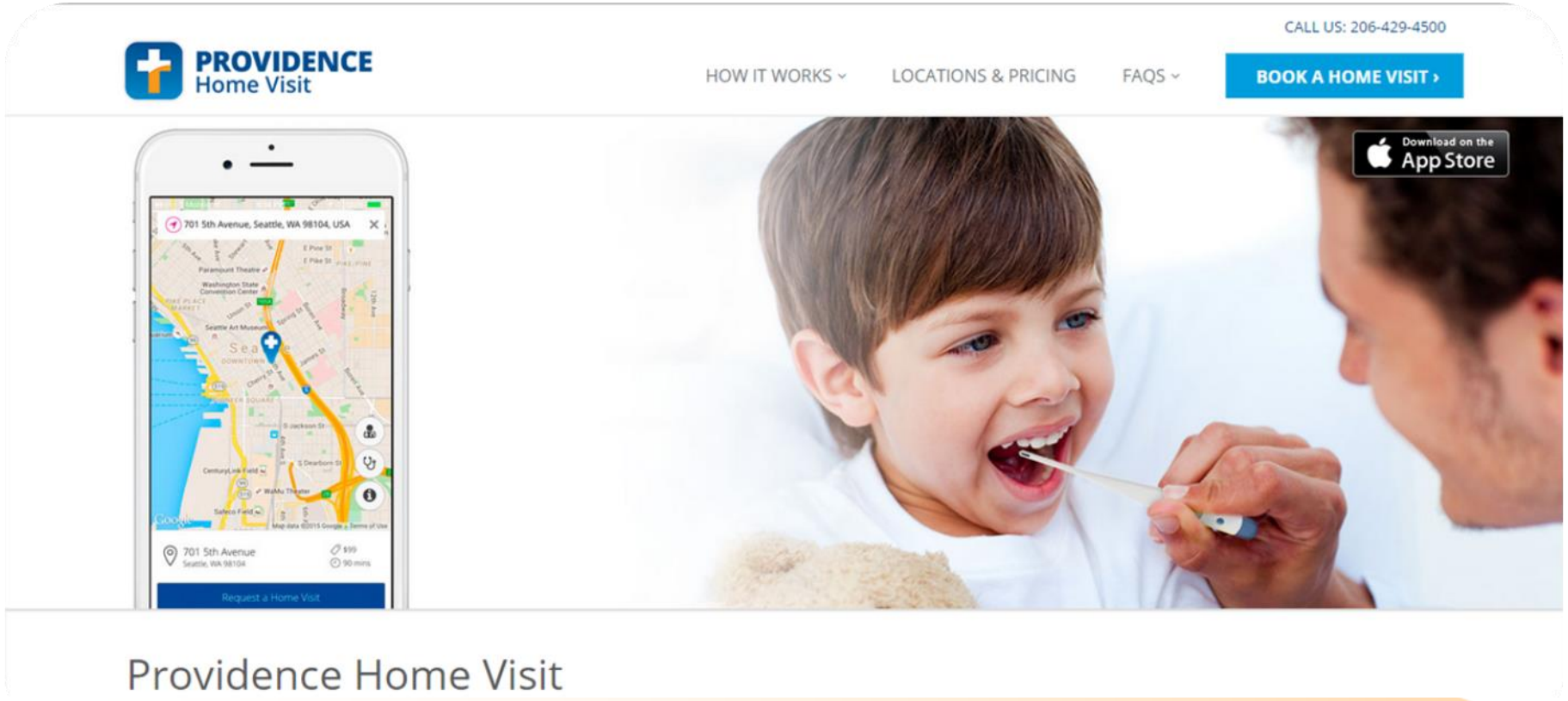
PROVIDENCE Health & Services

SWEDISH

Walgreens

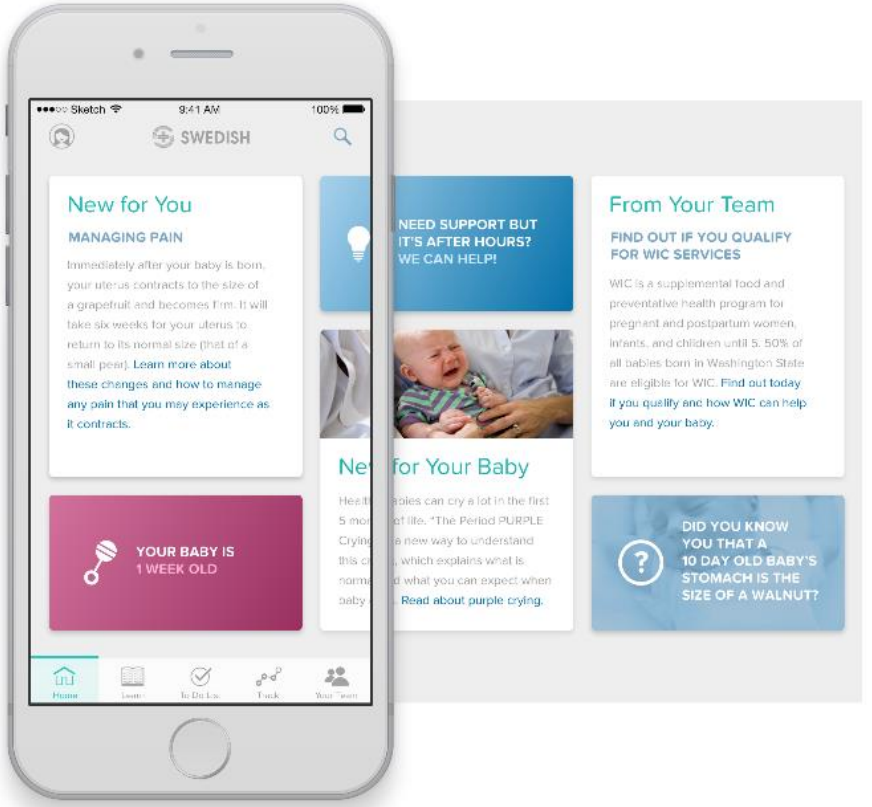
On Demand Health Care

Home Visits



Your Village

Initial Pilot Group
“ProvMom”



MVP: Your Village

Telehealth

PROVIDENCE Health & Services

- More than a decade of experience
- Today, nearly 90 hospitals in 5 states rely on Providence & affiliate telehealth services
- 10 employers purchase telemedicine coverage from PHS; 2 ACOs
- Spanning the continuum
- ~10,000 virtual encounters in 2015
- Evolving to a singular, integrated system-wide approach for teleservices

Providence Telehealth Program Overview

Enterprise

- **TeleStroke**
- **TeleHospitalist**
- **TelePsychiatry**
- TeleBehavioral Health
- TelePhysiatry
- TeleBrain Injury
- TeleCardiology
- TeleCritical Care
- TeleECG
- TeleEEG
- TeleHand Trauma
- TeleEpilepsy
- TeleGI
- TeleMovement Disorders
- TeleNeonatal Resucitation
- TeleNeurosurgery
- TeleOncology
- TeleOtolaryngology
- TeleOtology
- TeleEndocrinology
- TelePediatrics
- TeleSANE
- TeleSleep
- TeleSpeech
- TeleSpine
- TeleTIA
- TeleWound

Consumer

- **Health eXpress Direct-to-Consumer**
- **Health eXpress Kiosks**
- **Primary Care**
- TeleDM education

Integrated services spanning the continuum

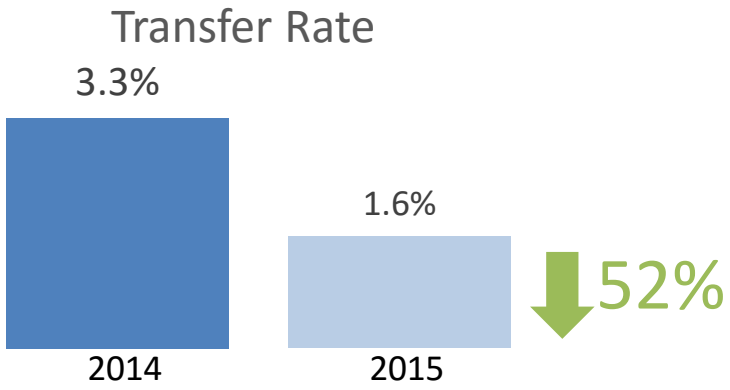
- **Improve Access to specialists**

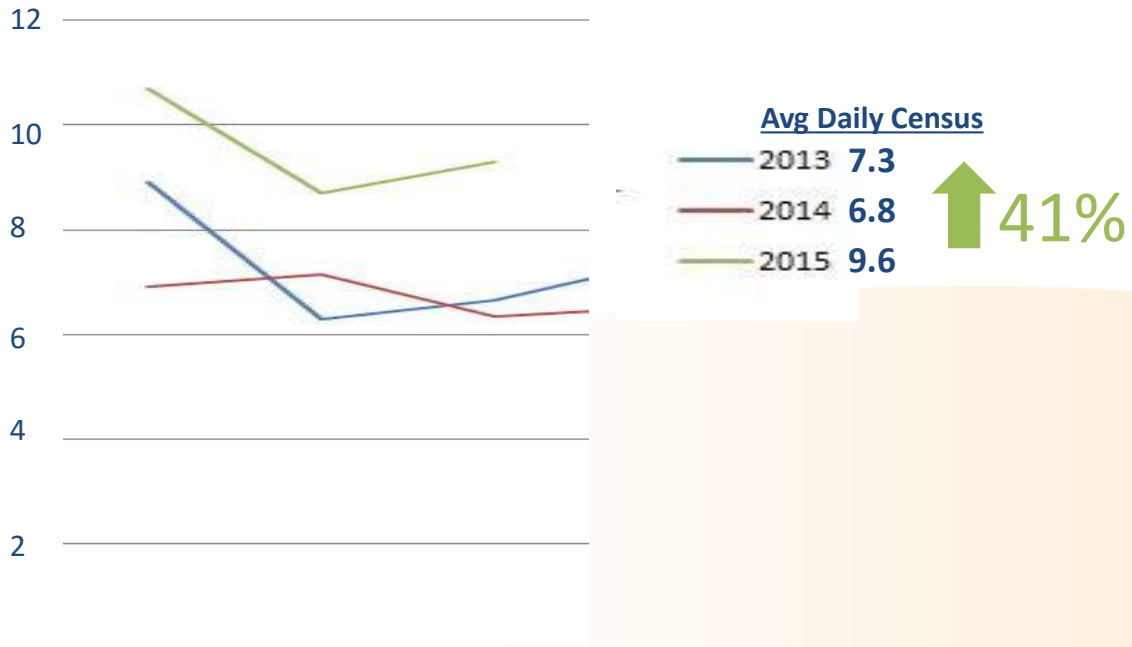
Innovation Example: Telehospitalist (Noctu

- Balancing Cost & Quality for nighttime coverage7pm – 7 am
- Staffing
  - Smaller program requiring your physicians to cover more nights (burn-out risk)
  - Desire to preserve daytime staff to be more productive
  - Less disruption to sleep/wake cycles
  - Need primary or back-up coverage
- Hidden issues with on-call models

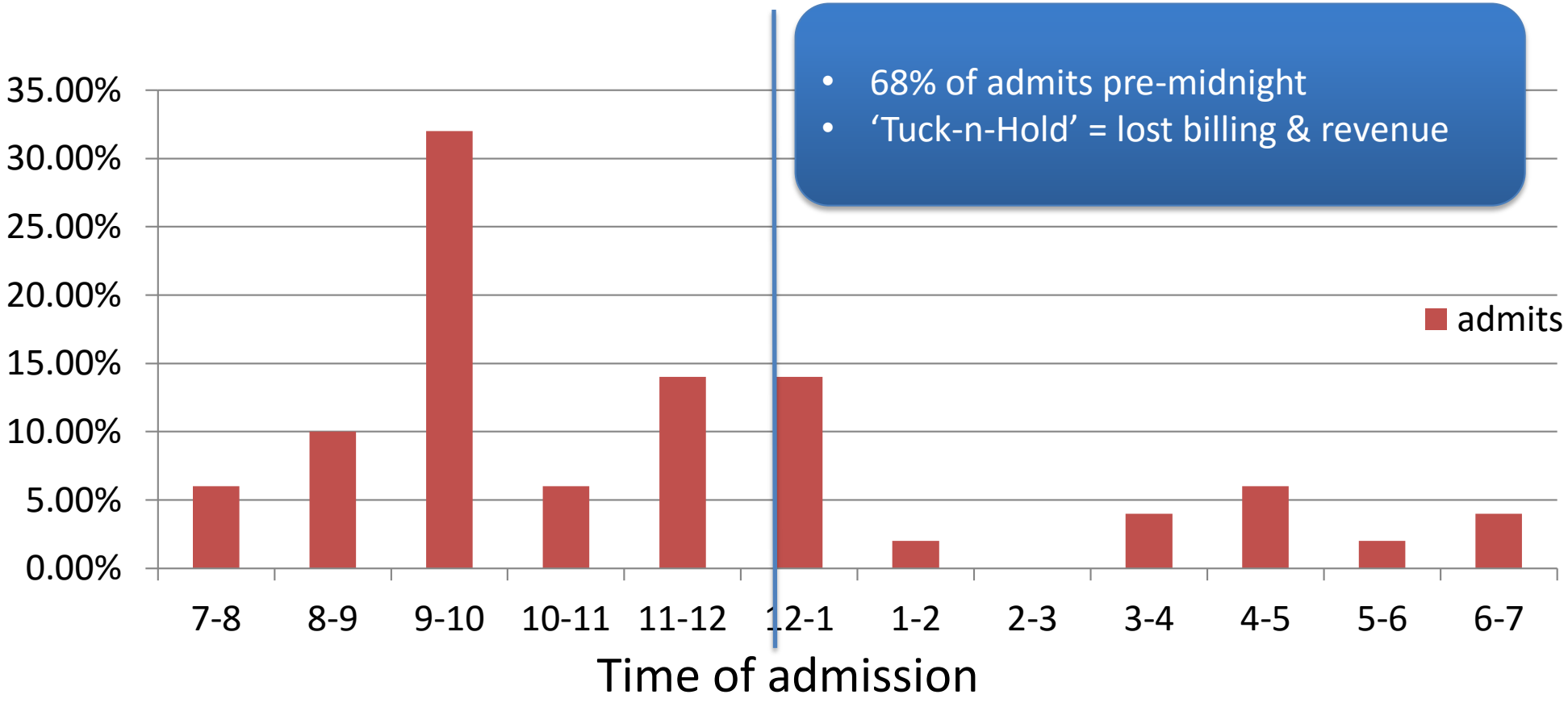
Case Study: Volumes

- 52% reduction in transfers out of the hospital
- 41% increase in ADC





Case-study: Impact on Billing



- 68% of admits pre-midnight
- 'Tuck-n-Hold' = lost billing & revenue

Case-study: Ancillary Benefits

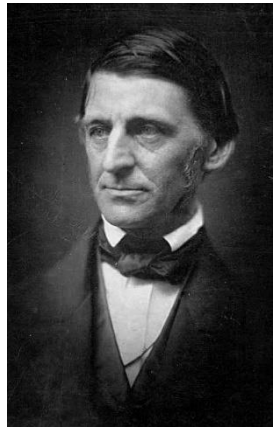
- On-call MDs more rested during day
- Daytime MDs more efficient
- RNs & allied staff less stressed
- Patient satisfaction increased

We always over-estimate the change that will occur in the next 2 years, and under-estimate the change that will occur in the next 10. Don't let yourself be lulled into inaction.

Bill Gates

Do not go where the path may lead. Go instead where there is no path and make a trail.

Ralph Waldo Emerson



Are you reacting, or creating?

Thank You!

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