

# South Florida CIO Board Meeting 18 August 2017

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**VITAS**<sup>®</sup>  
Healthcare

# VITAS Overview

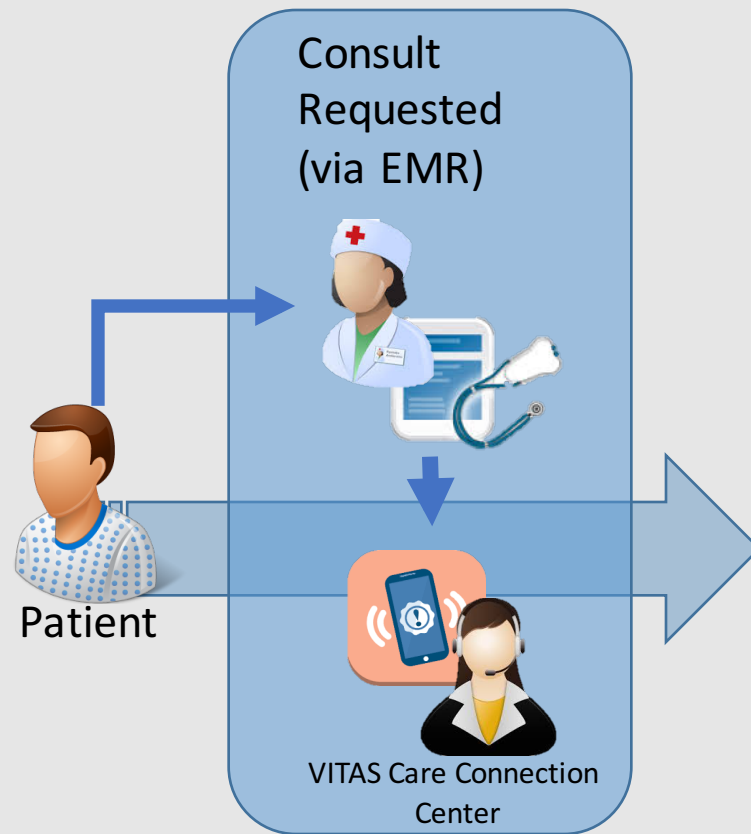
- The nation's largest provider of Hospice Care
- 12,000 VITAS professionals provide care to approximately 16,100 patients daily
- Headquartered in Miami, Florida, VITAS operates 93 locations across 14 states and the District of Columbia.
- Video

# The Patient Experience Challenge

- Patient Centered Care
- Care Transitions
  - Danger
  - Delays
- The Burden of Technology
  - Rigid Workflows
  - Communication Challenges (Hundreds of thousands of calls)

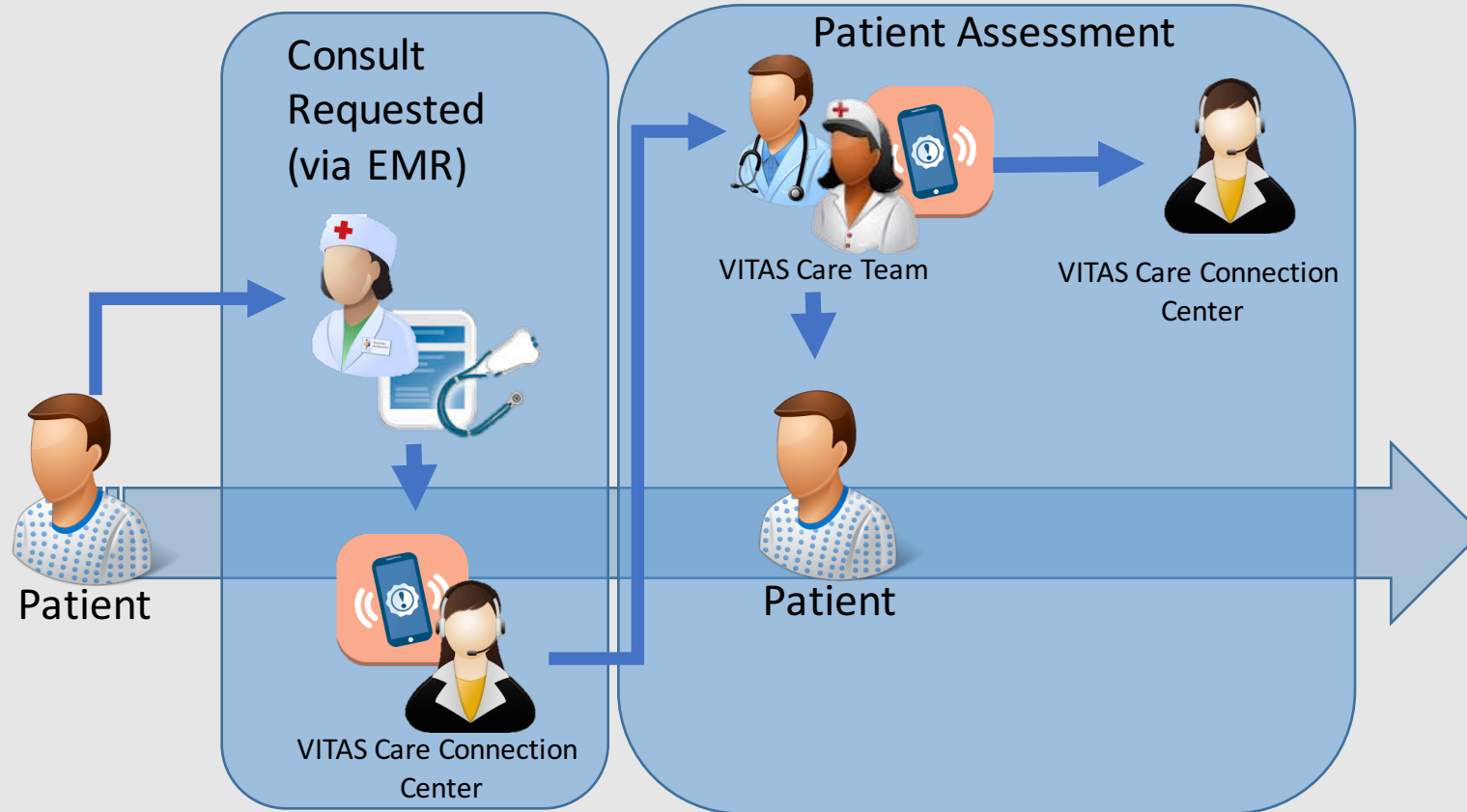
# Patient Experience Storyboard

## The Patient Journey: Initial Clinical Consult



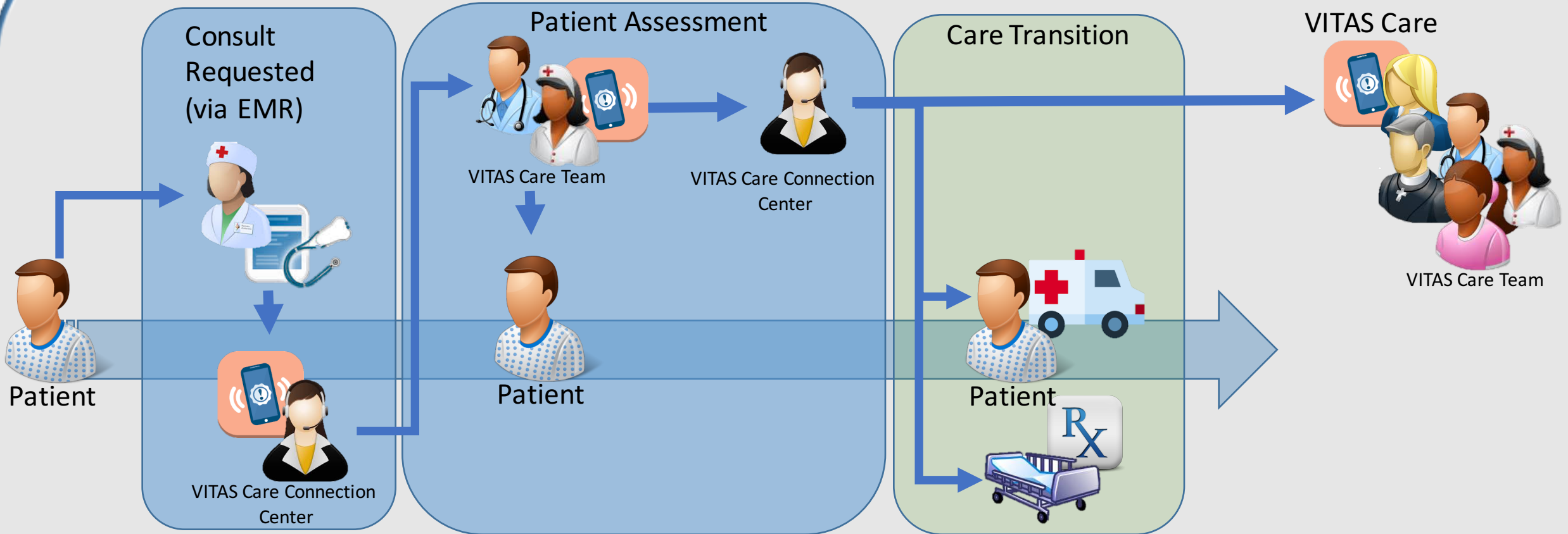
- Patient or Provider Request Hospice Consult
- Consult is charted by clinician in ANY EMR
- The VITAS Care Connection Center is immediately notified of patient need and begins to coordinate a patient Visit .

## The Patient Journey: Patient Assessment and Counseling



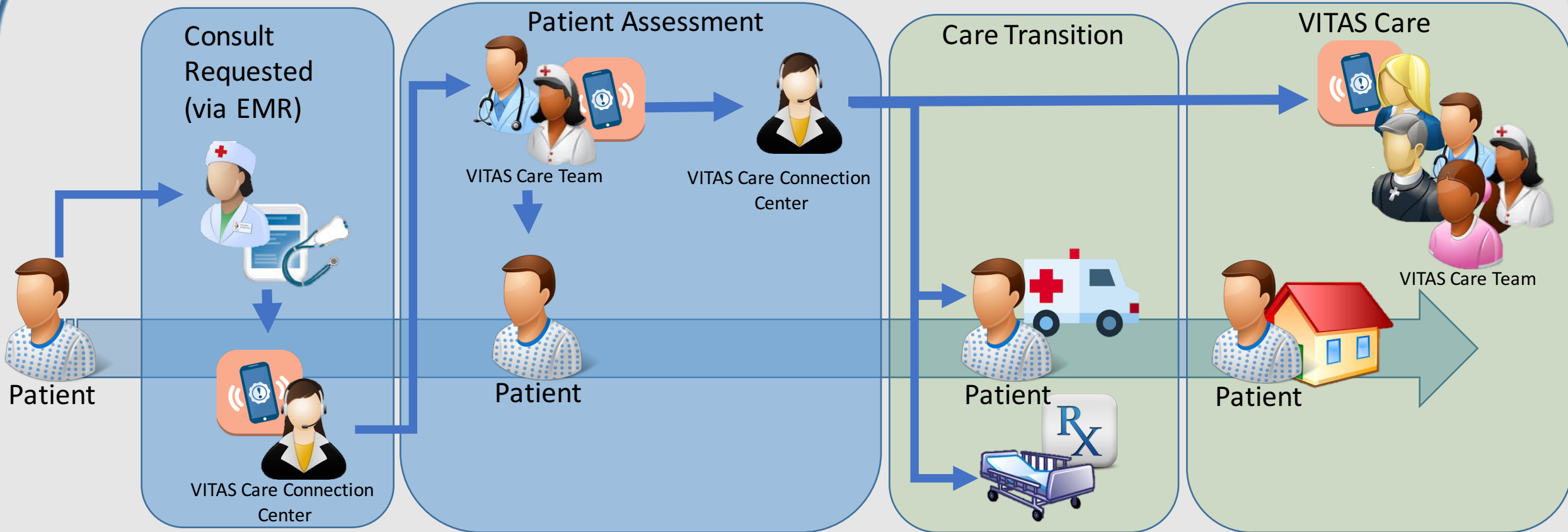
- The local VITAS Care Team is automatically notified and patient information is available immediately via their mobile workstation.
- Once the initial patient assessment is complete, the patient is discharged from referral source and admitted into VITAS care.

## The Patient Journey: The Care Transition



- The Care Connection Center coordinates the logistics of admitting the patient to the most appropriate care setting (usually their home)
  - Immediate notification of VITAS Care Team
  - Medication and Medical Equipment
  - Patient Transport

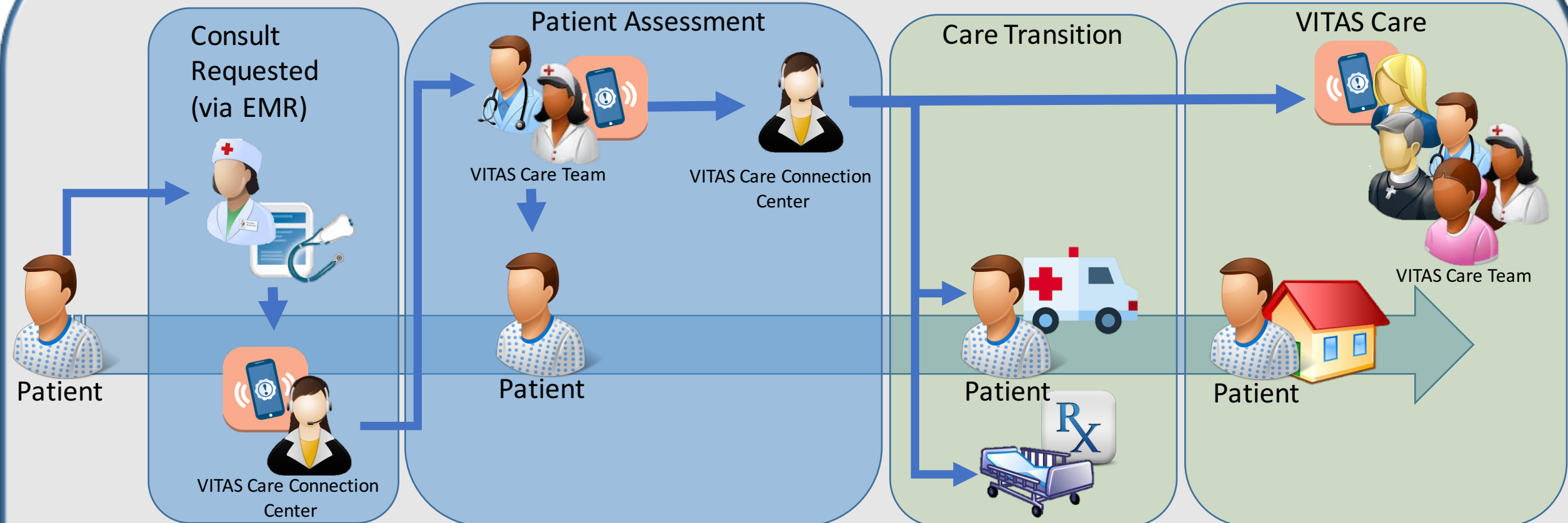
## The Patient Journey: Ongoing Care and Support



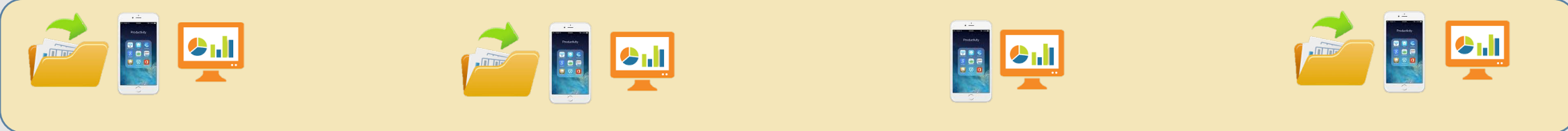
- The Patient arrives home. The VITAS Care Team (Physicians, Chaplains, Social Workers, Nurses and Home Health Aides) provide services.
- Support is a phone call away 24x7 and VITAS local resources can be dispatched via their mobile devices for urgent needs.
- Referral sources are updated automatically with patient status.



# The Patient Journey: Technology Solutions



Patient Experience Solutions



VITAS<sup>®</sup> Healthcare



= Interoperability Interfaces



= Mobility Platform



= Logistics and Warehousing

# Patient Experience Solutions



## **Interoperability Functions Implemented**

- Real Time, Bi-directional Updates
- EMR Agnostic (all EMRs)
- Any Protocol: FHIR, Direct Addressing, HL7, FTP, FAX
- Compatible with HISP, HIE

## **Mobility Functions Implemented**

- Fully Secure (Exceeding HiTech Standards)
- Real Time EMR updates (no “store-and-forward”)
- Intuitive and Variable Workflow driven by patient needs
- Image Scanning via the iPhone camera
- Medical Reconciliation
- Fully mobile E-Prescribing
- Full Access to Patient Chart Information
- Fully Accessible Patient/Provider Education Content
- “Sign-with-your-finger” Function for orders
- Integrated voice to text transcription
- Payroll, Expenses and Time Entry
- ICD10 Coding Reference
- Access to Public Clinical Applications (Epocrates, Drugs.com, etc)
- iWatch Eligibility tracker and Referral Initiator
- Route Mapping and Directions
- Access to VITAS benefits and HR functions

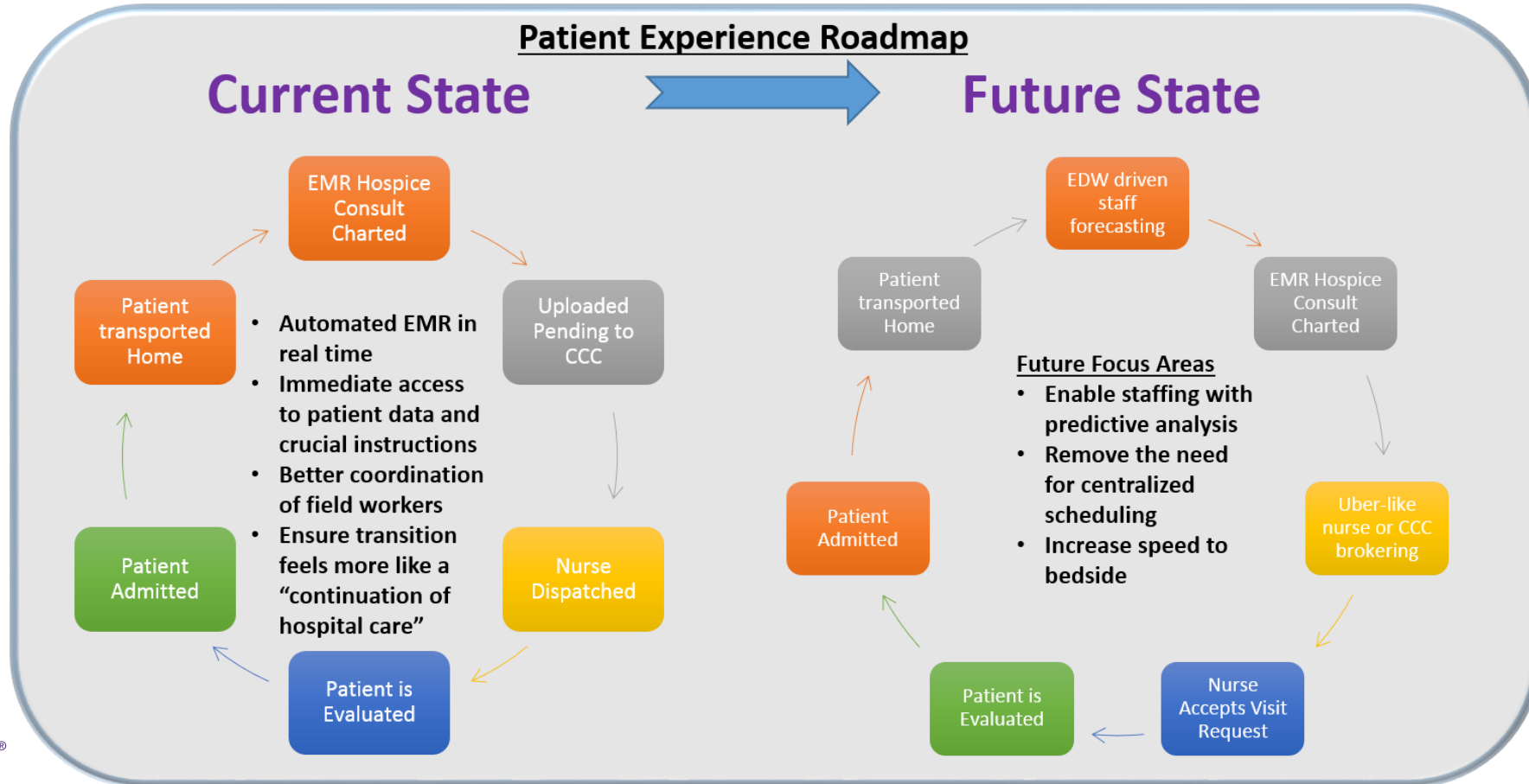


## **Logistics and Warehousing Implemented**

- ***Patient Transition and Onboarding***
  - Automated workflow engine
  - Automated Referral Prioritization and Notification
  - Real-time communication with local offices for urgent needs
  - GPS tracking of HME and DME Deliveries
  - Centralized Pharmacy Management and Drug Interaction Review
- ***Customer Care Center***
  - Flexible staffing model based on call volume
  - Call quality review across 9 categories to ensure every interaction has the patient at center of everything we do.
- ***Labor Management and Staffing productivity Dashboards***
  - Referral trend tracking by region to ensure staff is available during peak times
  - Productivity balanced nationwide (accounting for regional traffic patterns, etc)



# Future State



# Overall Impact



## Impactful in the Field

*“The use of mobile devices by our field staff has further enhanced our reputation for high quality of care. VITAS nurses, physicians, social workers, chaplains and hospice aides assist approximately 15,000 terminally ill patients daily. With mobile devices in hand, VITAS caregivers have drastically reduced the amount of time it takes to help patients transition to a hospice care setting, while providing important patient data for daily care.”*

*- Karen Peterson, VP & Chief Nursing Officer  
VITAS Healthcare*

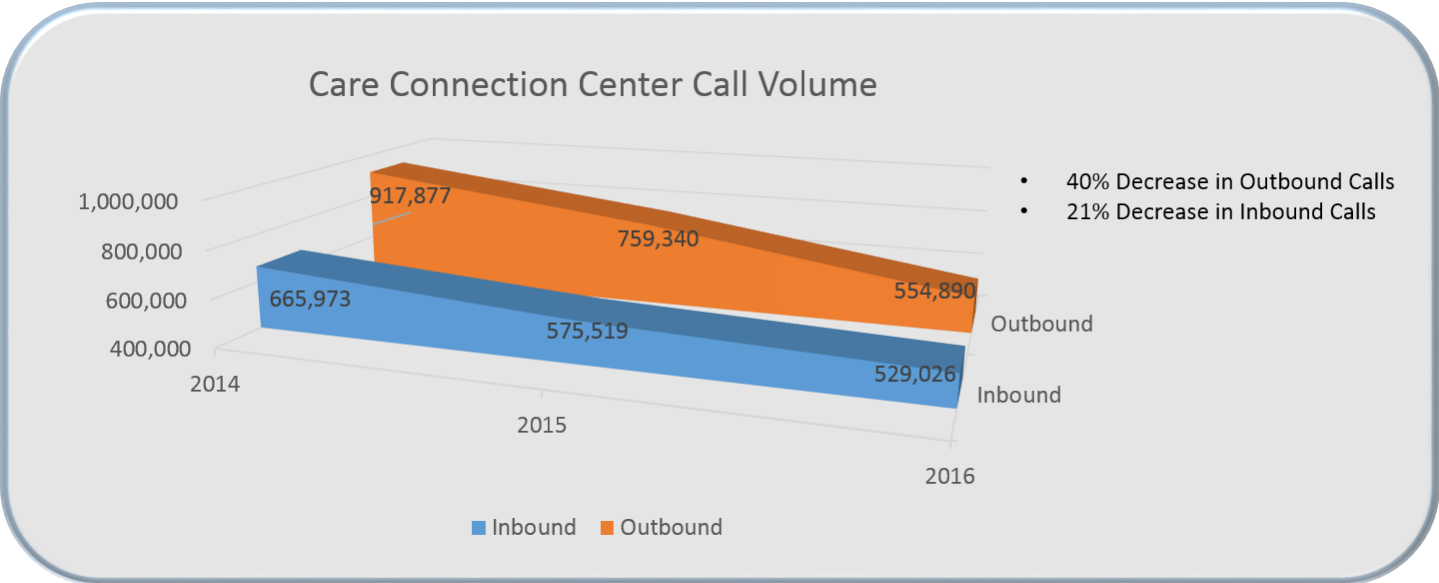


## ePrescribing Saves Time and Energy

*“It’s amazing. It saves time, It saves energy and it gets meds right to the patients as soon as the doctor approves. My favorite feature of ePrescribing is that the app sends the meds straight to the med-list and automatically updates, removing old meds without any hassle. Before, I had to call and call to get that done. All the nurses on my team think that this app is a wonderful asset. ePrescribing saves time and allows me to spend more time on what really matters, patients.”*

*- Chrissy Shovick, RN, VITAS Healthcare  
Palm Beach pilot program*

# Overall Impact (Care Coordination)



# Compliance

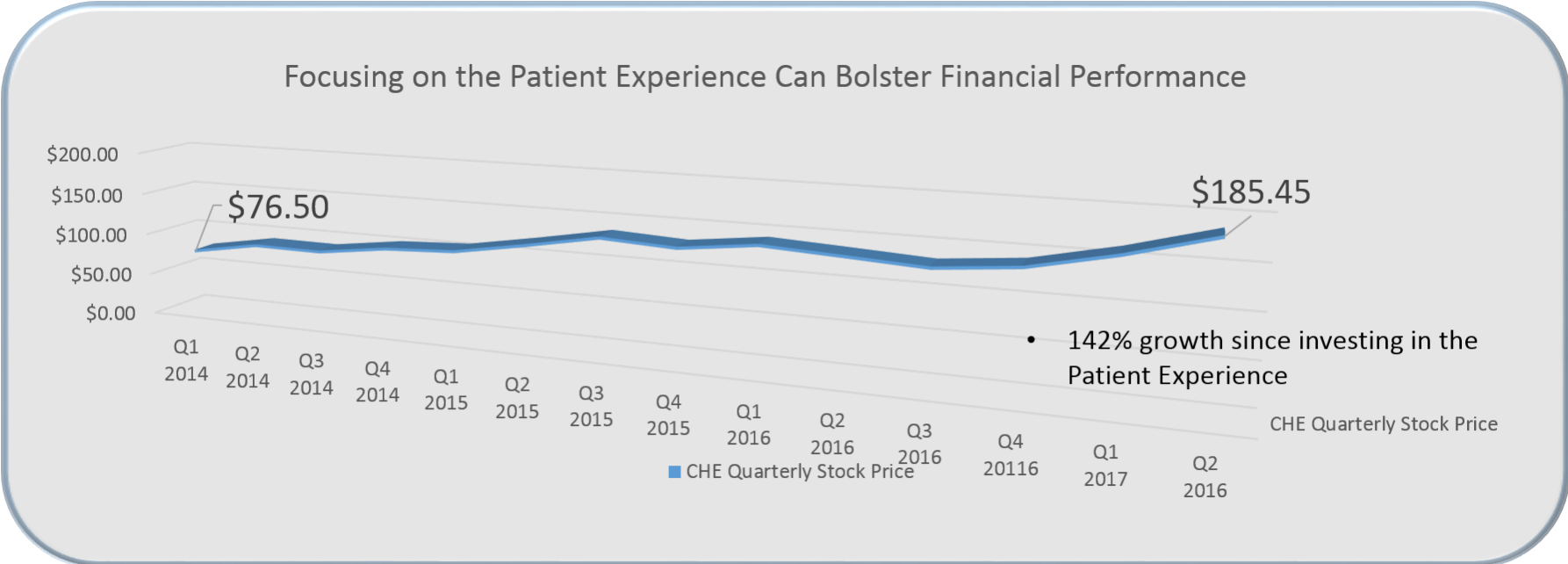
- **HIPAA** – no audit findings since rollout of solutions in 2015
- **SOX** – no audit findings since rollout of solutions in 2015
- **HIS Quality Measures** – greater than 95% for all CMS Certification Number (CCN), for all programs, met or exceeds National Average in 2016



### A new kind of clinical application

- Intuitive user interfaces allow complex documentation to be charted with the touch of your thumb or finger.
- Information is stored as its entered so interruptions or patient needs never force clinicians to “start from scratch”
- Every transaction is authenticated with 3 factors, ensuring patient privacy and data security.

# Overall Impact (Company Performance)





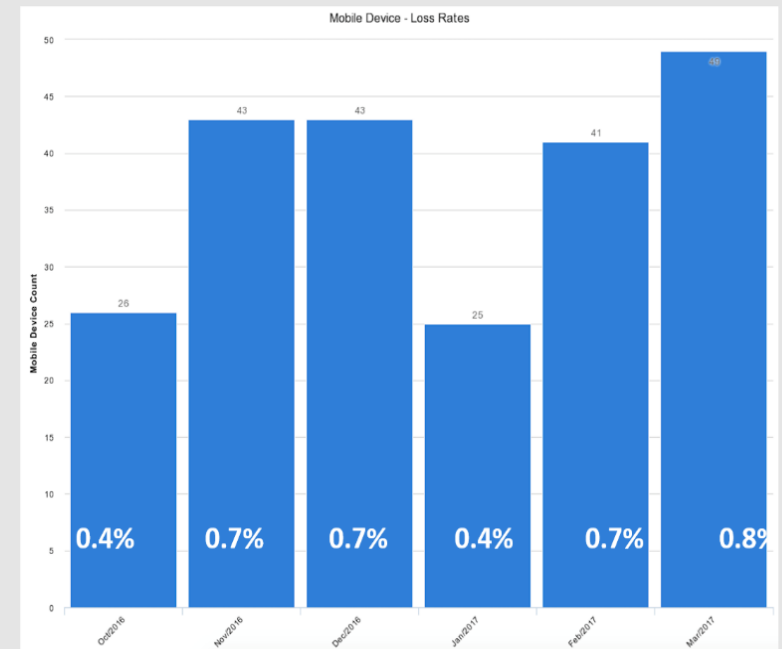
# Sustainability (Can this be Replicated?)

- **The technology is easy:** Interoperability interfaces take only 7 days to implement
- **Mobile Devices** are a viable alternative to laptops
- **Infrastructure is easy to support:** Minimal impact to staffing (3 FTEs)
- **Asset management works:** Managing Device Loss and Breakage

- No Cost to VITAS for new iPhone after Credit
- 900 line waiver to cover device loss
- **\$584,100 (Self Insurance Cost Avoidance)**
- **15% loss rate protection (Cost Neutral)**
- Average monthly Loss Rates at 0.6%



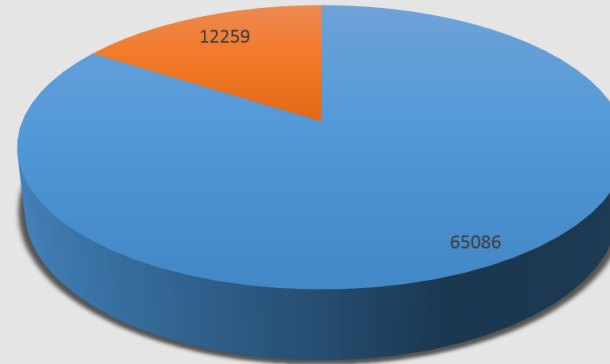
Mobile Device Loss Rates



# Scalability (Can this Scale?)

- **The solution is operating nationwide:** This solution is operating nationwide and across 14 states and DC; adhering to all state laws, business demands and liability concerns. Interoperability interfaces take only 7 days to implement
- **Rapid Rollout:** 8000 mobile clinical workstations nationwide, 5500 of which were deployed in an accelerated 3-month plan.
- **A connected workforce:** The solution works over a wireless or cellular network and is fully survivable, even when network access is unavailable.

2016 Patient Admissions



■ Patient Experience Improvement Solution ■ Manual or non-Mobile Admits

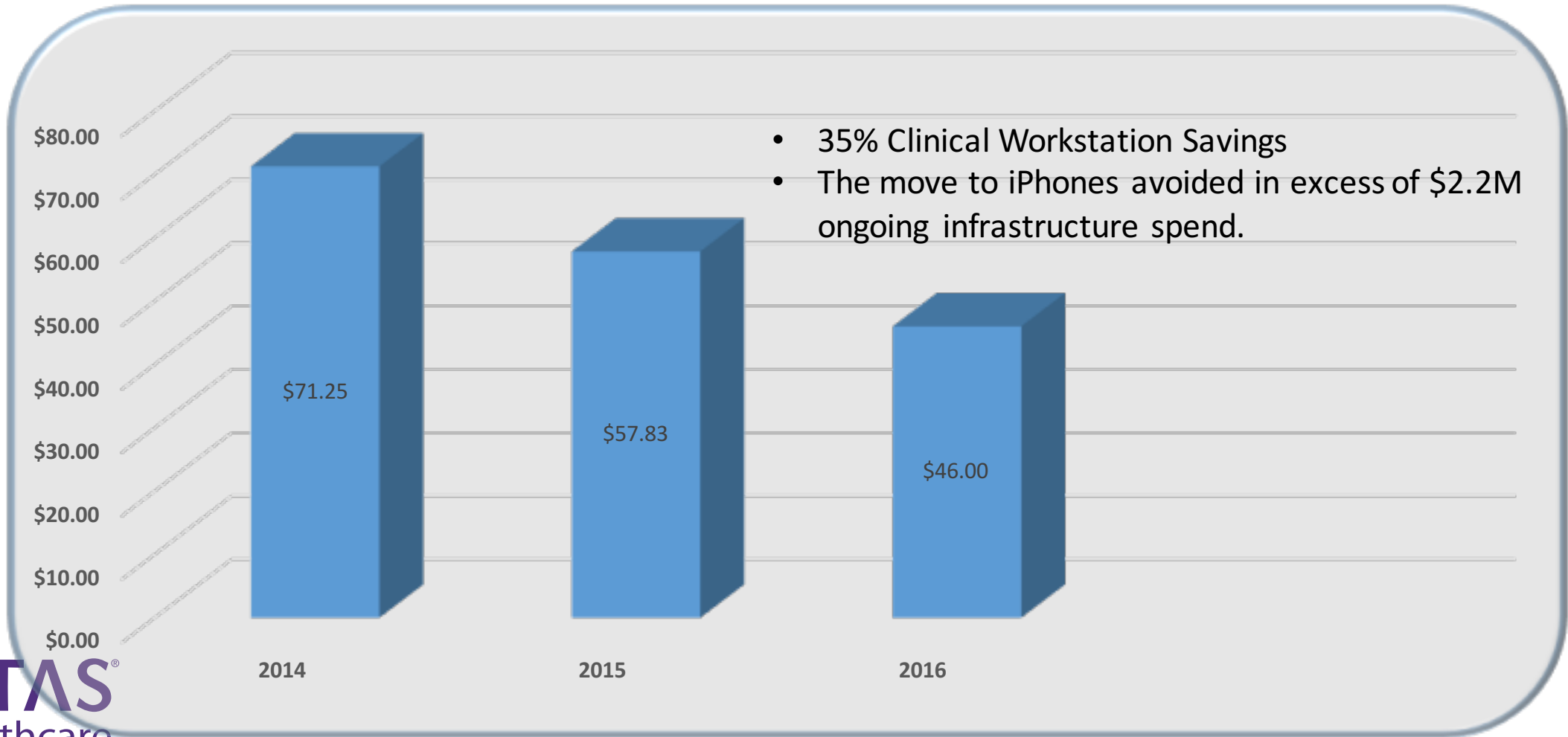
- Near 100% Immediate Adoption Post Rollout
- 84.15% of all 2016 admissions done via new solutions
- **Note: Non-Mobile Admissions are completed by Per Diem staffing without access to mobile equipment**



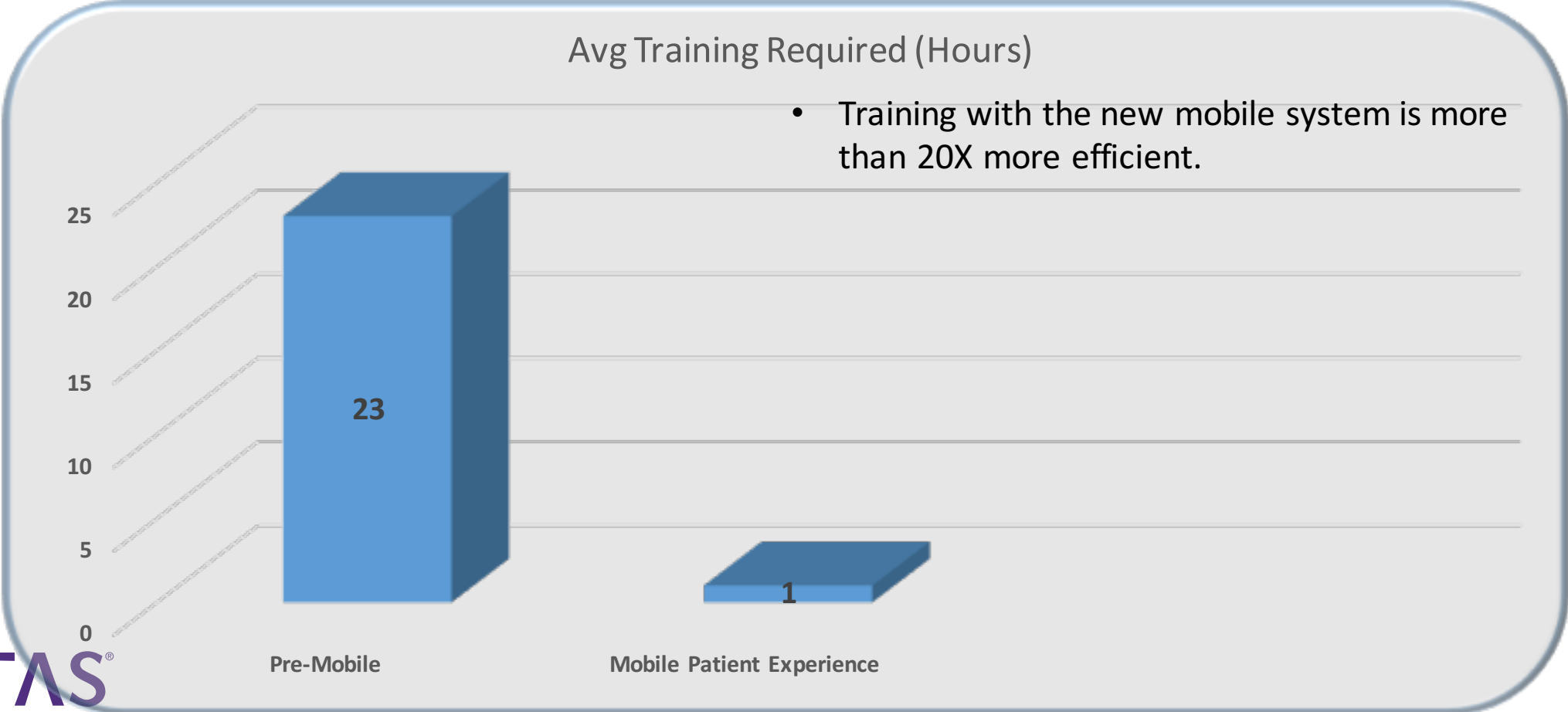
## Scaling Mobile Document Scanning

- Since going live in Oct 2016 VITAS caregivers have uploaded 267,913 secure patient documents and charts.
- These are transferred securely over cellular signal or when connected to WiFi.

# Results: Cost to Connect Caregivers

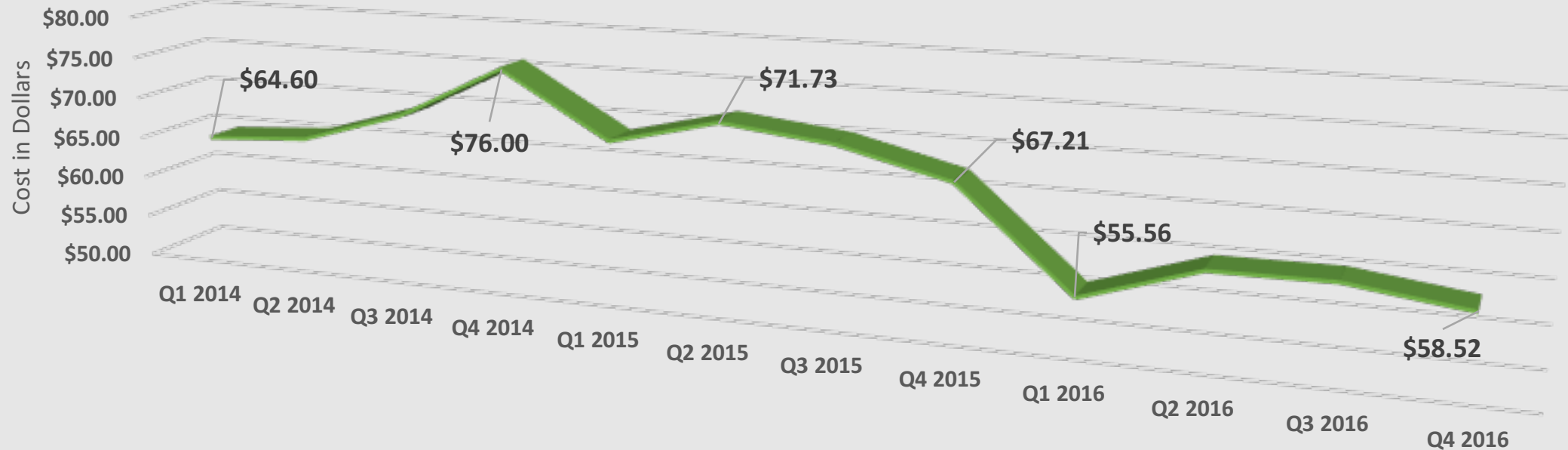


# Results: Labor Reductions



# Results: Reduced Costs per Referral

Call Center Cost Per Referral



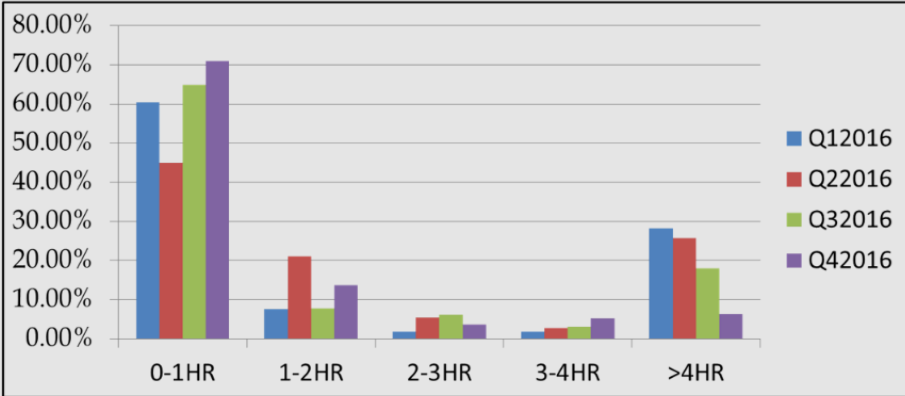
- More than 15% Reduction in the cost of coordinating patient referrals
- Equates to a savings of \$908,878 throughout 2016 (88,155 referrals)

# Results: Interoperability Case Study

## Taking Technology Into the Field

- Went live mid Q2 2016 with a fully integrated interoperability partnership in one of the country's top ten largest Health Systems.

# Overall Impact (Bundled Payments)



\*Speed to the Bedside increased to less than one hour for 70% of patients with less than 7% experiencing delays of more than 4 hours.

	Q12016	Q22016	Q32016	Q42016
<b>0-1HR</b>	60.38%	44.95%	64.84%	70.90%
<b>1-2HR</b>	7.55%	21.10%	7.81%	13.76%
<b>2-3HR</b>	1.89%	5.50%	6.25%	3.70%
<b>3-4HR</b>	1.89%	2.75%	3.13%	5.29%
<b>&gt;4HR</b>	28.30%	25.69%	17.97%	6.35%

# Results:

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BECKER'S

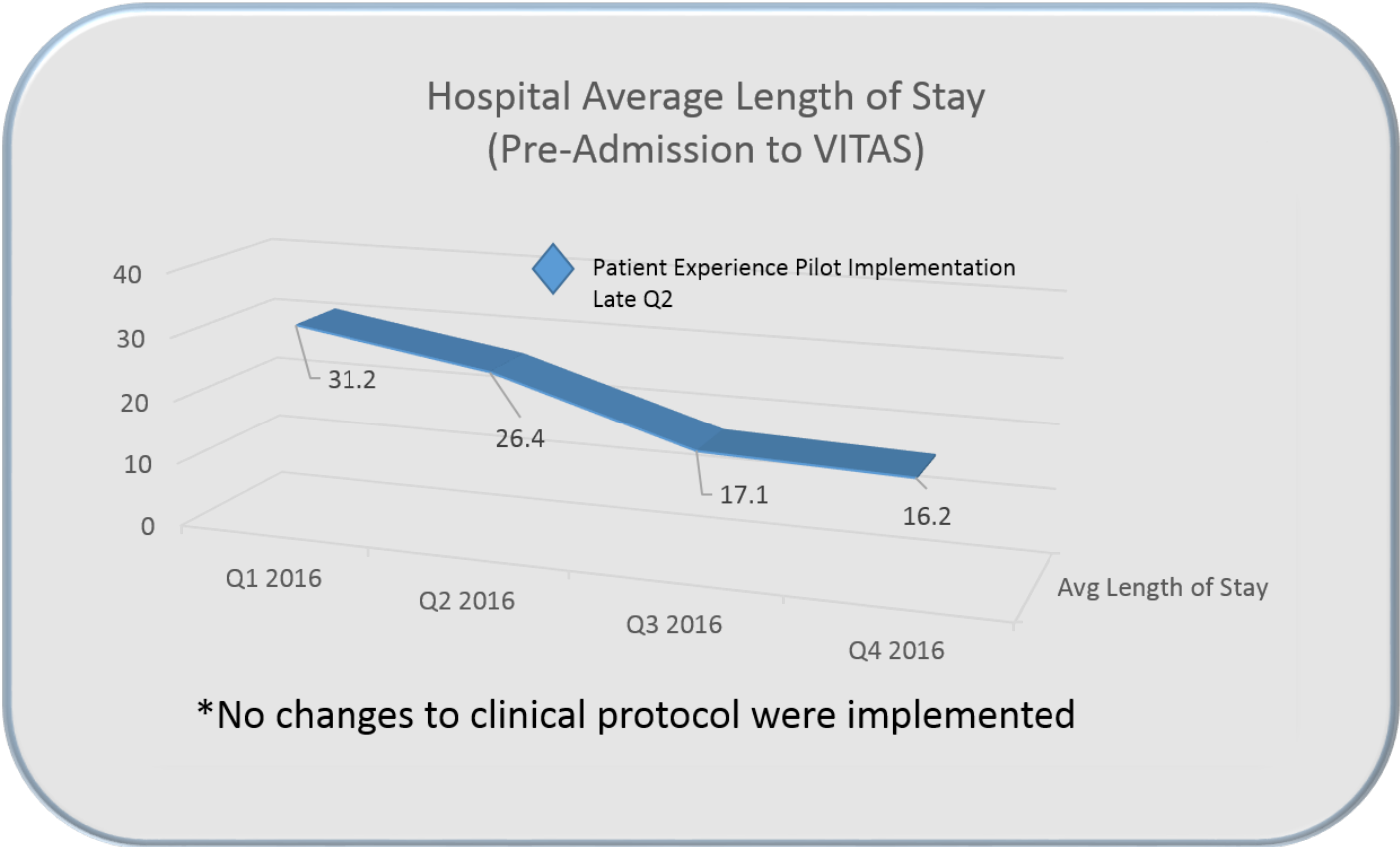
## Hospital CFO

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- U.S. hospitals see an average of \$2,212 adjusted expenses per inpatient day.
  - State/local Government Hospitals = \$1,974
  - Non-Profit Hospitals = \$2346
  - For Profit Hospitals = \$1798



# Results: Overall Impact (Bundled Payments)



**Est \$33,180**  
Per Patient

# QUESTIONS?

