

2017 Southern California State of Reform Health Policy

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Technology as a Tool for Care Improvement

If higher value, better care is the goal, technology likely plays a role as a means to the end. However, finding the right technology tool is more difficult than it would have seemed. This panel will talk through various use-cases and experiences with technology, and what we might learn from them about the future of health care.

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The Healthcare Technology Vision for the Future :

Meeting patients where they are

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Goals for enabling technology of the future

Streamline care and improve care navigation

- Increase access, especially in underserved areas
- Leverage and extend existing provider base
- Universalize and democratize knowledge and expertise
- Reduce unnecessary “friction” in system
 - – e.g., admin requirements for physicians, pt navigation, scheduling, care management
- ❖ Addressing social issues in communities such as food insecurity, lack of transportation, housing instability
- ❖ Move care out of institutions and use of technology to monitor pt status
- ❖ Meeting patients where they are – including at home – via technologies including telehealth and smart phones

Social Determinants are important and enabling technology will differ as will the user (e.g., patient vs. caregiver)

Most current medical models treat Bob and Dave the same
(same sex, age, illness burden)

Bob

- 43yo
 - Diabetes
 - Hypertension
 - COPD
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- Lives at home with his wife
 - Employed with good health insurance
 - Engineer who uses computer and phone apps and spreadsheets to manage his conditions and meds



Dave

- 43yo
 - Diabetes
 - Hypertension
 - COPD
-
- Lives alone
 - Occasionally employed, no health insurance
 - Low literacy
 - Unsure how to manage his condition incl his meds



Unmasking Social Determinants reveals inequity in resource utilization and outcomes.

How is Care Already Moving Outside of Institutions?

Mount Sinai Health System's "Hospital at Home Plus" Initiative

Mt. Sinai's Medicare Innovation 3-year demonstration project:

GOAL--avoid ED altogether, or send person from ED to home for acute care or observation

- Patients need to meet certain hospitalization criteria – no telemetry; “not too sick”
 - Conduct patient safety checklist: home needs running water, electricity, no guns or IV drug use
 - Send patient home with everything needed: oxygen, medication, labs
 - Use technology to report and feedback clinical status
 - Once “hospitalized” at home, patients receive daily visits (or more often if needed) from a doctor or nurse practitioner.
 - Home care nurses to check vital signs regularly and administer certain medications, including infusions.
 - Lab services, IV medications, and other equipment or therapy brought directly to the home.
 - On-call service **24** hours a day, seven days a week to respond to any urgent or immediate needs.
 - A social worker to coordinate care and develop a follow-up plan.



Bring Care to where the patients are

Uber Health

- A recent pilot enabled people to summon an Uber car with a nurse, who would come to a setting where at least 10 people were assembled to administer flu vaccines, for example
- Uber also rolling out a “doctor on demand” service in multiple markets

The Smart Phone – Or What Comes After It?

- Can patient “encounters” take place over a smart phone?
- For example, Smart phone equipped with echocardiogram technology has already made the stethoscope obsolete
- Potential enormous: e.g., handheld ultrasound; point of care cancer screening; sensors able to identify volatile organic compounds (VOCs) commonly associated with lung cancer

Care Management Tools

- Rango, a suite of mobile care management tools offered by VillageCare, a Community-based Nonprofit organization, for its HIV/AIDS patients in New York City

