The Mercy Telehealth Network: Your direct connection to specialized care
Mercy Telehealth Network – Presentation Goal

• To provide an overview of the Mercy Telehealth Network
• To suggest that Telehealth is a viable solution to the current and future healthcare crisis
Stroke – The Problem

• A leading cause of disability, cognitive impairment and deaths in the United States

• Accounts for 1.7% of national health expenditures

• Aging population
  • Risk of stroke more than *doubles* after the age of 55
  • Dramatic *rise* in cost

AHA/ASA Report May 22, 2013
Stroke – Projected Costs

• By 2030 --- 3.88% of the US population >18 years projected to have a stroke

• Between 2012 and 2030 --- Total direct annual stroke related costs are expected to increase from $71.55 billion to $183.13 billion

• Real indirect annual costs (lost productivity) projected to increase from $33.65 billion to $56.54 billion

• Total costs projected to increase to $240.67 billion by 2030
  • 129% increase

AHA/ASA Report May 22, 2013
Stroke – AHA/ASA Policy Statement

• The annual cost of stroke will *increase* substantially over the next 2 decades

• There *must* be a *greater* emphasis on implementing effective preventive, acute care and rehabilitative services

AHA/ASA Report May 22, 2013
"Telestroke networks should be deployed wherever a lack of readily available stroke expertise prevents patients in a given community from accessing a primary stroke center (or center of equivalent capability) within a reasonable distance or travel time to permit eligibility for intravenous thrombolytic therapy."\textsuperscript{21}

– ASA Recommendations for the implementation of telemedicine within stroke systems of care, 2009
Mercy Telehealth Network – History

• In 2008 Mercy Neurological Institute used the Elliott Homes Foundation’s Philanthropic Grant to launch the Telehealth Program

• Tele-Stroke was one of the priorities of the Telehealth Program
Provide timely access to high quality specialized healthcare services that are not readily available.
Mercy Telehealth Network – Benefits

• Cost effective
• Standardizes care
• Supports the development of stroke centers
• Increases the ability to evaluate and treat more patients
• Provides access to more treatment options
Mercy Telehealth Network – Telestroke Model

- **Hub** Hospitals are Joint Commission-Certified Primary Stroke Centers (PSCs) with advanced capacities, including in-house Neurologists, & Neurosurgery capabilities available 24/7

- **Spoke “Partner”** hospitals are smaller & do not have extensive neurology support. May be community hospitals located in underserved rural or suburban areas & may or may not have stroke center certification
Mercy Telehealth Network – Hub Sites

Mercy General Hospital
Sacramento, CA

Mercy San Juan Medical Center
Carmichael, CA
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Mercy Telehealth Network – Workflow

1. Telemedicine Consult Need Identified
2. Partner Site Initiates Appropriate Protocol
3. Partner Site Calls DIGNITY HEALTH TRANSFER CENTER (DHTC)
4. DHTC initiates Patient Documentation
5. Specialist Calls back to DHTC & is “Patched” into Partner Site Nursing Unit
6. Specialist determines to “Beam In” or Consults via Phone
7. Specialist Completes Consult and sends Consult Note to Partner Site
8. Patient is treated at Partner Site & Transferred if needed

Dignity Health
Mercy Telehealth Network – Calendar Year 2012

- Teleneurology Calls = 1,296
- Telestroke Calls (Robot Activated, i.e. “Beamed in”) = 608
- Transfers to Tertiary Center Facilities = 533
  - Contribution Margin
- Average Response Time* (January – June) = 10.5 minutes
- Average Response Time* (July – December) = < 5 minutes
- tPA rate 2009 – 2012 = 24%

*Average Time from when the Neurologist is Paged Until he/she “Beams” into the Partner Site
## Mercy Telehealth Network – Methodist Hospital

<table>
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<th>Time Period</th>
<th>Ischemic Stroke</th>
<th>TIA</th>
<th>Subarachnoid Hemorrhage</th>
<th>Intra-cerebral Hemorrhage</th>
<th>Stroke – otherwise not Specified</th>
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Mercy Telehealth Network – Care Continuum

Care Continuum

Emergency Medical Services (EMS) Ground
Acute Care
Clinic
Primary Care
Long Term Care
Home
Mercy Telehealth Network – Areas of Service

- Stroke
- Neurology
- ICU – “Round & Respond”
- Cardiology
- Psychiatry
- Newborn Care
- Pediatric Critical Care
- Nephrology
- Emergency Medical Service
- e-Home Visits
- Transitional Care
- Disease Management

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The Mercy Telehealth Network: Your direct connection to specialized care
Patient Access – *Quick!*
Physician Access – Reliable and Quick!

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Mercy Telehealth Network – End to End Solution
The Mercy Telehealth Network: Your direct connection to specialized care
Mercy Telehealth Network – “Rounding”
Mercy Telehealth Network – ICU “Round & Respond”
Mercy Telehealth Network – EMS

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Mercy Telehealth Network – MS Clinic
Coordination of Care/Patient Engagement

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Ken Steiner

Home

Start My Health Session

Take a Measurement

Health History

Manual Entry

Calendar & Contacts

Learn More

Goodbye

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Put the blood pressure cuff on your arm as shown. Touch Next to continue.
Are you feeling more tired than usual or having more difficulty with routine activities?

Yes

No
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[Image: Screen capture of a video call interface showing a nurse admin and a patient.]
"You can no longer afford to ignore telemedicine or offer it only as a peripheral service. Providers that don't integrate telemedicine into their delivery models are limiting patient access to the best on-demand care possible."

Jon Linkous

*CEO*

*American Telemedicine Association*
Mercy Telehealth Network
Thank You

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