

# **Hev**IthNxt

# **CASE STUDY**

HealthNxt Platform
Drives Rapid Response
Remote Patient
Monitoring (RPM)
During Covid-19;
Improves Patient
Outcomes



Clinical leaders asked HCl on a Friday morning how quickly RPM could be implemented.

"72 hours" was the reply from the HCl team

### **BACKGROUND**

In the spring of 2020, COVID-19 began to ravage many parts of Oklahoma. With presence and facilities throughout the state. INTEGRIS was hit the hardest. Community and health system leaders came together and developed plans to protect citizens and care givers and to provide treatment for those afflicted. Like all other hospitals, INTEGRIS successfully deployed telemedicine to ensure that the communities they served continued to receive routine and specialized care, but at a safe distance. The incidence of COVID-19, even as it stabilized was still a high-priority. INTEGRIS looked to advance its shift to value-based care and digital transformation/virtual care strategy.

## **Partnership:**

Dr. Ben Mansalis. Chief Information Officer. INTEGRIS, coordinated the development of the virtual strategy and identified three areas of focus to improve patient experience: a digital front door, remote patient monitoring and telemedicine. INTEGRIS selected HCI Group, a Tech Mahindra company, as their technology partner for the digital transformation initiative. Everyone agreed to focus on a differentiating digital front door. The project kicked-off and engineers got busy developing this enterprise platform for all things virtual care called HealthNxt. The partnership is creative in that INTEGRIS receives an equity stake in the platform, has representation on the advisory board and the project leaders report to the board on a quarterly basis for transparency and accountability. In exchange, INTEGRIS clinicians and leaders provide consultative services and the real-world environment in which to implement this innovative platform.

As summer wore on, beds continued to fill and routine and non-critical care were delayed to ration resources for the most ill. It became increasingly clear that while the strategy was effective in the short-term, it would cause more harm long-term. A more comprehensive solution was required to care for Oklahomans. In the spirit of partnership, INTEGRIS asked HCI to shift its focus from digital front door to remote patient monitoring (RPM). Clinical leaders asked HCI on a Friday morning how quickly RPM could be implemented. "72 hours" was the reply from the HCI team. After a busy weekend spent in bringing it all together, INTEGRIS assigned its first patient to RPM the following Monday. Everyone played their part to make this happen. There was no talk of costs or resources; it was just the right thing to do...save lives and improve the quality of care.

#### **Clinical Success:**

COVID-19 hit hard but INTEGRIS had the tools to effectively manage this first surge. Here are some of the key statistics below for the 60-day surge period:

- Established the COVID-19 rapid response RPM program in less than one week.
- 530 patients discharged from ED on RPM vs being hospitalized.
- 2,026 patient days avoided, freeing hospital space for other patients.
- \$150K in PPE costs avoided for 330 COVID-19 RPM patients

As INTEGRIS was getting a handle on COVID-19 through telemedicine and RPM, the majority of the hospitalists staff were also hit with the virus. As partners we quickly studied the problem and decided to deploy similar video capabilities inside the hospital. We ran this program for 90 days allowing infected staff to still provide care to inpatients from their home and allowed healthy care givers to keep a safe distance inside of the hospital. This was another example of partners solving problems together and developing innovative solutions with existing technology.

As we submit this application, we are now hit with a second wave known as Delta variant. Thanks to our previous experience, we were able to collaborate quickly and stand up another rapid response team.

In the first "30" days, we have 140 patients enrolled in COVID-19 RPM:

- Mortality rate for CHF COVID-19positive transplant patients reduced from 30% to 0%
- 1,034 Patient days avoided, freeing hospital space for other patients
- 9% percent improvement in patient throughput into the hospital
- 4% reduction in all-cause mortality vs comparative period
- 7% reduction in all cause readmission vs comparative period

# **Partnership Success Factors:**

Between the two surges, we kept our focus on the digital front door. The RPM is now integrated as part of the front door. We are not sure where we would be in this COVID-19 fight without having such a strong partnership with HCI. The repeatable keys for any hospital to develop such a partnership-oriented relationship are as follows:

- A shared articulated vision with key measures. HCl adopted our internal framework.
- Executive level commitment...we report quarterly to the C-Suite.
- Routine meetings to ensure success...Executive team weekly, daily operational huddles.
- Complete transparency and brutal honesty...nothing hidden (good, bad, ugly).

 Relationships trump contracts...teams routinely went above and beyond.

### **Originality:**

This partnership has created several innovations that many talk about, but most have never achieved.

- We have co-developed the first enterprise virtual care platform which incorporates all components of virtual care through a single digital front door. Everything from telemedicine, rpm, Al enabled symptom checker and patient acquisition tools all wrapped in a human-centered design wrapper.
- Based on this experience, we are now able to rapidly shift to more value-based care opportunities to include hospital at home programming.
- We are in early product design phases to incorporate advanced features such as eICU. Our premise is no clinician should travel to use a compute device.
- As development partners we are also able to receive equity as the platform scales across other healthcare industries to include payors and life sciences. The platform will transcend traditional healthcare silos.



# INTEGRIS Executive Team Endorsements:

Hospitalization is a scary experience for many patients, even in non-pandemic times. With the addition of restrictive visitation policies, the need for patient's doors to remain closed and the care teams hidden behind layers of essential PPE, the psychological impact on our communities has been tragic and trying. This ability to offer patients the opportunity to be care for safely at home with their families by their side offers a much-needed respite for our patients and caregivers. The speed with which we were able to deploy an RPM platform and service with the HealthNxt team was astonishing and a crucial proof of concept that propelled us forward several steps into the next phase of digital healthcare innovation.

Kate Mansalis, MD, MBA Chief Medical Officer (INTEGRIS Baptist Medical Center)

"The ability to discharge COVID-19-19 patients to their homes vs admitting them to the hospital through Remote Patient Monitoring has been a critical intervention as we have navigated the patient surge during the pandemic. We were able to safely take care of these patients at home, they were happy to be with their families, and we preserved critical inpatient beds for others needing them. We are looking forward to continued utilization of this value-based strategy".

Kerri Bayer, MSN Chief Nurse Executive

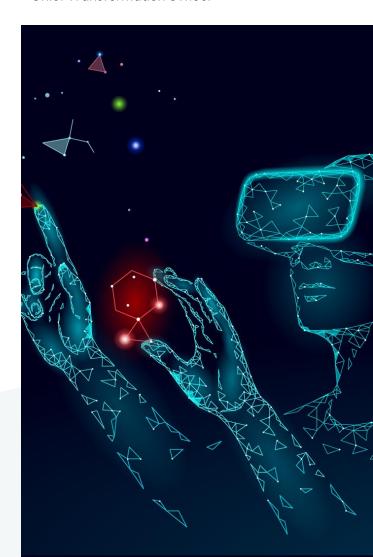
"During the worst days of the pandemic, we leveraged the HealthNxt platform for RPM and inpatient virtual rounding to help care for patients at home, better manage our acute care beds, and efficiently utilize our providers. We were able to lean in with the HealthNxt Team and develop evidence-based protocols, ensuring patients were cared for safely and preventing unnecessary hospitalizations. We look forward to applying the virtual care lessons learned to our care model moving forward as a part of our VBC and chronic condition management strategy".

Julie Watson, MD Chief Medical Officer "HealthNxt is an amazing visionary platform that will disrupt traditional care delivery models. The real magic however, are the people behind HealthNxt. The teams are comprised of practicing clinicians who know patient care and leaders from world-class organizations where they studied and honed their craft. That combination of people and product is a rare find."

Ben Mansalis, MD Chief Information Officer

"HealthNxt is paving new ground to help provider organizations approach consumers in a single DFD platform that is nimble enough to incorporate outside solutions, but connected in a way that we don't have to figure out how to mesh everything together. The team is great!"

Aric Sharp Chief Transformation Officer



# **Hevlth**Nxt