

Care Coordination and Telemedicine Strategies in Healthcare

On Thursday, July 28th, the American College of Healthcare Executives (ACHE) and the National Forum for Latino Executives (NFLHE) hosted the continuing education event, “Care Coordination and Telemedicine Strategies”. A panel discussion featuring Kristi Henderson, NP, VP Virtual Care & Innovation, Seton Healthcare Family, Emily Padula, RN, Chief Strategy Officer, Hill Country Memorial and Mark Hernandez, MD, Chief Medical Officer, Community Care Collaborative was moderated by Denise Esper, CEO, Procentric.

Kicking off the discussion, Denise asked the panelists to outline how the Accountable Care Act (ACA) has impacted their service delivery. Dr. Hernandez pointed out that the CCC is not beholden to ACA; however, they must coordinate with payers and providers for better outcomes. According to Emily, the Accountable Care Act has driven consolidation within their small and rural market, allowing them to work with physicians in new ways. Lastly, Kristi mentioned that ACA has been a catalyst for telemedicine to improve access and lower costs.

Recognizing the need to push cost from the current service delivery model, Denise inquired about each organization’s best practices. Per Dr. Hernandez, the CCC will be focused on bundled payments and working with the Dell Medical School to define true costs in order to price appropriately for adequate margin. Having saved the state of Mississippi nearly \$190M in unnecessary ER visits and readmissions, Kristi hopes to implement telemedicine for chronic care management. For Hill Country Memorial, implementing a care transition program, including concierge home care and educating physicians regarding chronic care management billing represent current cost saving measures.

With a firm understanding of the need to effectively coordinate care for the people that this community serves, Denise asked what are the next steps to involve Texas healthcare leaders? As noted by Dr. Hernandez, successful care coordination will require Seton to engage in new and innovative service delivery models where value and quality are defined by the patient, not the provider. Per Kristi, consistent telemedicine pilots and models for bridging care gaps are necessary. For Emily, seeking ways to better engage patients, improve pre-clinic services and work with community members to provide comprehensive care coordination will be key.

As a final question, Denise queried the group about next steps for employing telemedicine in each organization. Kristi will be focused on establishing virtual clinics in critical access sites and implementing virtual visits in the home. Dr. Hernandez mentioned that telepsych services currently exist; however, need has outstripped availability. Lastly, Emily pointed out that teleneurology has been implemented at Hill Country Memorial and homecare visits are on the horizon.

The Central Texas ACHE chapter and the National Forum for Latino Executives (NFLHE) would like to thank the presenters for sharing their insights and best practices regarding

healthcare transformation. For more information on future events, please visit us at www.centraltexas.ache.org or send us an email at info@centraltexas.ache.org.