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### **DISRUPTIVE INNOVATION**

- Affordable: reliable
- Simple: capable
- Accessible
- Process



### BACKGROUND



Health Care Costs

Access



**Vulnerable Population** 

# **BACKGROUND TO THE PROBLEM**

#### Health Care Costs

#### **Direct Costs: United States**

- 18.0% GDP (2<sup>nd</sup> to Netherlands at 11.9%)
- 19.6% GDP by 2024
- Increased spending ≠ improved health outcomes

#### Access to Care

#### Decrease in Timely Access to $\uparrow$ United States

- Primary Care Physician Shortage
- 9 million Uninsured Gained Access to Care
- Results in ↑ Use of ED/Urgent Care And ↓ Patient Satisfaction

#### **Vulnerable Population**

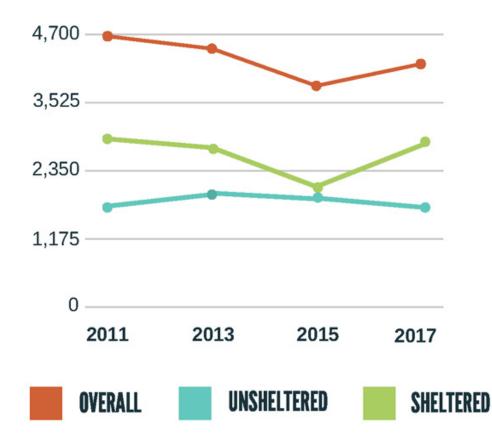
#### **Homelessness in United States**

- 553,742
- 14.4% since 2007
- **↑** Nationally 0.7% between 2016-2017
- 个 Use of ED
- Homeless persons account for 40% of frequent ED users

# 2017 HOMELESSNESS SNAPSHOT Portland, Oregon

# **HOMELESSNESS IN PORTLAND**

Portland's number of people experiencing homelessness rose for the first time in 6 years.



# **HOW WE COMPARE**

- Portland's chronic homelessness has increased at twice the national rate
- Oregon has the fourth highest rate of per capita homelessness (5.4%) in the U.S.
- Oregon has the second highest rate of unsheltered homeless families (52%) in the U.S.

### HOMELESSNESS INCREASED ACROSS MAJOR WEST COAST CITIES FROM 2015-2017



### **POWER OF PARTNERSHIPS**





SCHOOL OF NURSING

# POWER OF PARTNERSHIPS: Vision of One



# **POWER OF PARTNERSHIPS: Disruptive Thinking**





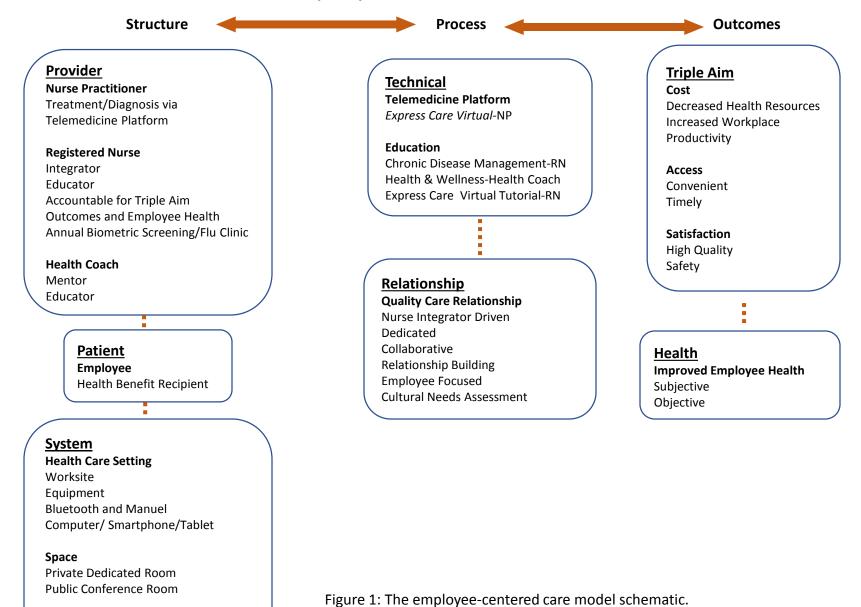




### **EVIDENCE TO SUPPORT THE MODEL**

- Fox, K., McCorkle, R. (2018). An employee-centered model of care responds to the triple aim: Improving employee health. *Workplace Health and Safety, 62, 162-164.*
- Comprehensive Literature Review: SCOPUS, PUBMED, CINAHL
- Content Specific: Worksite Clinics; NMHC; NP Role; NP Quality/Safety Outcomes; Telemedicine; Patient-Provider Relationship
- Inclusion: National And International Articles Between 2005-2016
- Exclusion: Articles Published in Languages Other Than English
- Total Articles: 20
- Articles Grouped Into 4 categories:
  - Worksite Clinics
  - Nurse-Managed Health Centers
  - Telemedicine
  - Quality Care Relationship/Nurse Integrator

#### **Employee-Centered Care Model**



Resources

Telemedicine/Educational

*Note*: Using Donabedian's Framework Figure 1 shows the relationship of the structure, process, and outcomes of the model acknowledging the goals of the Triple Aim.

## **PILOT TRENDS**

- <u>Satisfaction</u>
- Employee
  - > Express Care Virtual Data Analytics
  - ➤ 90% or greater satisfaction
- <u>Access</u>
- Employee
  - > 89% would have sought care elsewhere
  - ➤ 10% utilization
- <u>Cost</u>
- Employee
  - > no cost (telemedicine appointment covered by employer)
- Employer
  - Total Cost Avoidance: 91%
  - $\succ \downarrow$  in corporations 12-month rolling medical claims average

### **POWER OF PARTNERSHIPS: Disruptive Thinking**



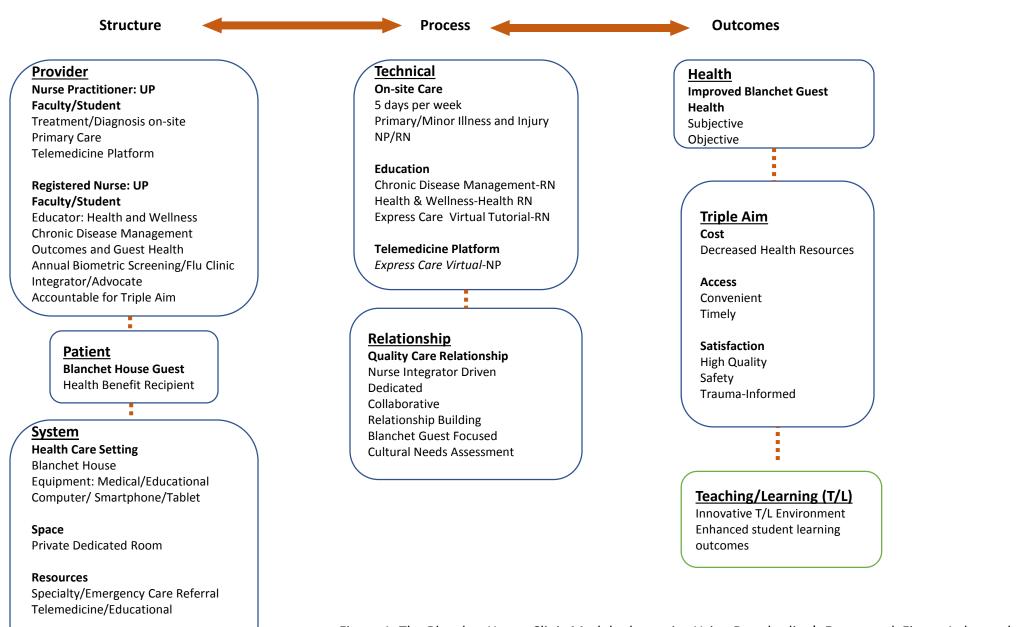
# **POWER OF PARTNERSHIPS**

### **Telemedicine:** Express Care Virtual

- Virtual, Private, Secure Appointments
- Staffed by Licensed Board Certified Health Professionals: Nurse Practitioners
- Diagnosis And Treatment of Minor Illness and Injury
- Computer, Smartphone, Tablet
- \$49.00 Flat Fee: With or Without Insurance
- 7 days per week 8am-midnight
- Increased Patient Satisfaction
- o **2014**
- 98% Satisfaction Rate
- 96% = Just as Good, or Better, Than Traditional Visit



#### **Blanchet House Clinic Model**



Financials Partners/endowment/Insurance Figure 1: The Blanchet House Clinic Model schematic. Using Donabedian's Framework Figure 1 shows the relationship of the structure, process, and outcomes of the model acknowledging the goals of the Triple Aim.

# **POWER OF PARTNERSHIPS: The Team**



#### **Blanchet House Project Design Team**

Operational:

- Define purpose/goals/mission
- Assign and design roles and responsibilities
- Design of clinic model: structure/process/outcome
- Resources
- Partnerships
- Sustainability

# **POWER OF PARTNERSHIPS: The Team**



# Blanchet House Clinic/Guest/Student Design Team

Operational:

- Design of clinic space
- Guest Assessment/Needs
- Educational Needs for UP Students

### BLANCHET HOUSE NURSE MANAGED HEALTH CENTER: Pilot Launch

### Phase 1

- Acute Care of Minor Illness and Injury via Telemedicine: Providence Express Care Virtual
- University of Portland School of Nursing: Undergraduate Students on-site
- Go Live: November 1, 2018

### Phase 2

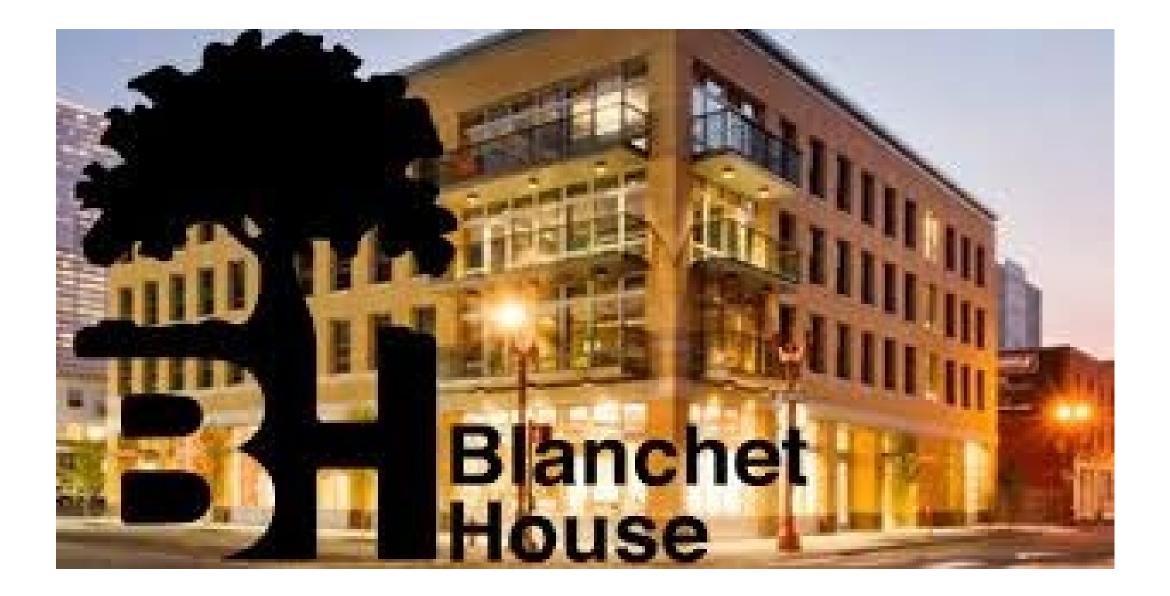
- Primary Care Services via Nurse Practitioner
- University of Portland School of Nursing: Graduate Students on-site
- Go Live: Winter 2018-2019



# **POWER OF PARTNERSHIPS: Disruptive Innovation**

- 3 Goals of **Disruptive Innovation** 
  - 1. Accessible, high quality, cost effective care of vulnerable population
  - 2. Innovative teaching-learning environment
  - 3. Promotion of the nursing profession





#### **References**

Bashshur R, et al. The empirical foundations of telemedicine interventions in primary care. *Telemed J E Health*. 2016; 22(5): 342-375.

Berwick DM, Nolan TW, Whittington J. The triple aim: Care, health, and cost. *Health Affairs*. 2008; 27: 759-769. Retrieved from Scopus database.

Blakeney, B., Carleton, P., McCarthy, C., Coakley, E., (May 31, 2009) "Unlocking the Power of Innovation" OJIN: The Online Journal of Issues in Nursing Vol. 14, No. 2, Manuscript 1.

Boston-Fleischhauer, C. Beyond making a case, creating the space for innovation. JONA. 2016. Vol. 46, No.6, pp295-296.

Christensen CM, Raynor ME, McDonald R. What is disruptive innovation? Harv Bus Rev. December 2015.

Christensen CM, Bohmer RM, Kenagy J. Will disruptive innovations cure health care? Harv Bus Rev. Sep-Oct 2000.

Clayton Christenson institute for Disruptive Innovation. Seize the ACA: The Innovators Guide to the Affordable Care Act. http://:www.christenseninstitute.org/publications/aca/

Guey-Chi Chen P, Mehrotra A, Auerbach D. Do we really need more physicians? Responses to predicted primary care physician shortages. *Medical Care.* 2014; 52: 95.

Fox K., McCorkle R. An employee-centered care model responds to the triple aim: improving employee health. *Workplace Health & Safety.* 2018 Vol. 66 (8), pp 373-383.

Phillips RL, Bazemore AM, Peterson LE. Effectiveness over efficiency: Underestimating the primary care physician shortage. Medical Care. 2014; 52: 97-98. Retrieved from SCOPUS

database

Institute of Medicine. The Future of Nursing: Leading Change, Advancing Health. 2010. <u>http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health</u>

Mitchell M., Leon C., Bryne T., Lin W., Bhard M. Cost of health care utilization among homeless frequent emergency department users. *Psycological Services* 2017, Vol. 14 (2), pp 193-202.

Smith M, Saunders R, Stuckhardt L, et al. Best Care at Lower Cost: The Path to Continuously Learning Health Care in America. Washington, DC: Committee on the Learning Health Care

System in America; Institute of Medicine; National Academies Press (US); 2013 May 10. Summary.

Saria S. A \$3 trillion challenge to computational scientists: Transforming healthcare delivery. *IEEE Intelligent Systems*. 2014; 29: 82-87. Retrieved from SCOPUS database.