DISRUPTIVE INNOVATION
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 (2nd to Netherlands at 11.9%)
- 19.6% GDP by 2024
- Past decade health care costs ↑76% c/t income growth at 30%
- Increased spending ≠ improved health outcomes

Access to Care

Decrease in Timely Access to ↑ 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
- ↑ 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.

- Overall
- Unsheltered
- Sheltered

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

- +39% Oakland
- +30% Los Angeles
- +16% Seattle
- +10% Portland
POWER OF PARTNERSHIPS

University of Portland
SCHOOL OF NURSING
POWER OF PARTNERSHIPS: Vision of One
POWER OF PARTNERSHIPS: Disruptive Thinking
EVIDENCE TO SUPPORT THE MODEL


• 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
Figure 1: The employee-centered care model schematic.

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

• **Satisfaction**
  - **Employee**
    - *Express Care Virtual Data Analytics*
    - 90% or greater satisfaction

• **Access**
  - **Employee**
    - 89% would have sought care elsewhere
    - 10% utilization

• **Cost**
  - **Employee**
    - no cost (telemedicine appointment covered by employer)
  - **Employer**
    - Total Cost Avoidance: 91%
    - ↓ in corporations 12-month rolling medical claims average

Kelly Fox DNP, MN, BSN
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
  - 2014
  - 98% Satisfaction Rate
  - 96% = Just as Good, or Better, Than Traditional Visit
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


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


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