Philips Hospital to Home: redefining healthcare

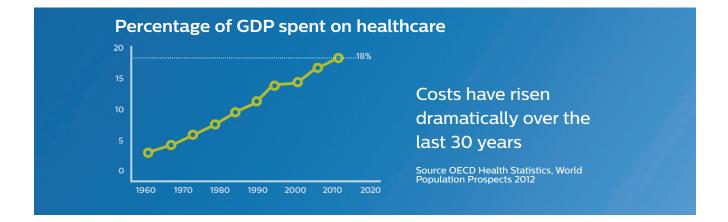
through innovation in telehealth

innovation + you



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Healthcare costs are at a crisis point, forcing the federal government to make comprehensive changes to healthcare payment models. The cost of caring for patients needs to go down while the quality of care needs to improve. This means it can't be business as usual. Technology alone, while promising, isn't enough to help providers like you continue to survive in this environment. Healthcare organizations need a new way of operating altogether and Philips is the partner that can help you change in ways that allow you to thrive.



Redefining care coordination through telehealth

In this new, risk-based payment environment, telehealth is able to provide the necessary access, leverage, quality and cost reductions you need to be successful in this new paradigm; and Philips is the optimal partner with both telehealth and care coordination expertise to help you manage this risk. We do this with care delivery programs supported by advanced telehealth technologies, complex clinical algorithms and behavioral science. What's more, Philips doesn't just provide the technology and guidelines—we work closely with you and your advisors, as trusted partners, every step of the way—from implementation and training through the life of the engagement and to your ultimate success.



Hospital to Home



Care delivery transformation

In this new paradigm, you need to embark on a programmatic approach to transforming your clinical delivery models, and Philips can lead you through that journey.

A holistic operating model for your teams

· Enabling population health management by providers.

Advanced patient engagement

- · Programs to engage and motivate patients towards a healthier lifestyle.
- Program technology to underpin the program.

Labor efficiency of your employees

 Powered by data visualization and decision support tools that can enable large scale labor efficiencies.

Consulting and services to guide your transformation

Implementation support for not just technology but also clinical transformation.

Program services

• To fill capability gaps, where needed (enrollment, coaching, logistics, etc.)



Enterprise approach to care delivery

Telehealth across the enterprise



Telehealth-enabled critical

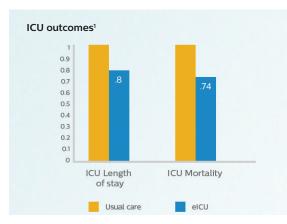


elCU

Transforming critical care

Helping to reduce length of stay and mortality

Philips eICU Program clinically transforms the ICU, using a proactive care model that helps address the issue of growing physician and nurse shortages while dramatically improving quality of care. Through an ideal blend of medicine with technology, this care model leverages clinical expertise, patented processes, and cutting-edge technologies to improve critical care delivery.



General floor outcomes



Hospital mortality Patients receiving critical care from a hospital with Philips elCU were 16% more likely to survive the hospital portion of the stay.



Hospital length of stay Patients receiving critical care from a hospital with Philips eICU were discharged from the hospital portion of the stay 15% faster.

eAcute

Telehealth for medical/surgical hospital units

Expanding telehealth across the enterprise

As patient acuity in hospitals continues to increase, care of patients in med/surg units represents an area of substantial unmet need and consumption of healthcare resources. The Philips eAcute program, scheduled for commercial availability in June 2014, addresses this challenge by bringing the power of centralized, telehealth-based monitoring to patients on the med/surg units. In addition to bidirectional audio and video access in patient rooms, the program includes several key features that address readmissions, patient well-being and satisfaction, as well as clinical best practices.

Application of the eICU care model to the medical/ surgical patient population can positively impact patient outcomes, throughput, and costs. Compared to standard care, a telehealth-based care delivery model in the medical/surgical unit:²

- Reduced the length of stay by 17%
- Reduced the cost of care per case by 16%
- Reduced death or discharge to hospice care by 26%
- Reduced falls by 36%

and acute care programs

eConsultant

Accessing remote specialists across the enterprise

Delivering remote expertise to the point of care

Unlike other episodic care telehealth solutions, eConsultant leverages the eICU model, driving evidence-based, coordinated care across patient populations. In doing so, eConsultant helps transform an operational eICU Program into a broad-based telehealth center. Applications include Telestroke and eSNF.

The Telestroke module of eConsultant enables the eICU Center, stroke team (including remote stroke neurologists), and emergency department clinicians to collaborate in evaluating patients with suspected stroke, and then manage care using the American Heart Association's stroke guidelines. eConsultant provides a stroke patient profile screen complete with specific stroke care guidelines, a view of all relevant data, and a timeline to track the time-sensitive metrics of stroke care.

By using eConsultant Telestroke, clinicians can be better equipped to help address the needs of the stroke patient:

- \cdot Time to care
- Coordinated, standardized care across locations
- Access to remote stroke neurologists
- Best practice compliance
- Coordination of care delivery
- Care across units
- Patient evaluation and treatment during timesensitive acute stroke phase in the ED



"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 access to specially trained stroke care providers."³



"We have never been more convinced of the power of telehealth to improve patient access and outcomes and reduce costs. Adding acute care telehealth services is a natural extension of our successful eICU and telestroke programs and will allow us to support our mission to provide quality care to patients in need, regardless of location."

Lynn Britton Mercy, President and CEO

Telehealth-enabled tailored



Intensive Ambulatory Care eIAC

Collaborative care for complex chronic patients

The 5% that utilize 50% of healthcare spend

The Philips eIAC program combines population management solutions that connect an integrated care team to the patient. It enables all stakeholders in the clinical and social management of the patient to identify and address the root causes of the patient's frequent admissions.

Five percent of your patients utilize 50% of your healthcare spend. There is a recognized inability to cost-effectively deliver care to high-cost, complex patients. Reversing that trend requires a new model of care, one that is integrated and coordinated across specialties and services. The eIAC program is a new comprehensive care program that is designed to address these core structural problems in our current healthcare delivery system. By combining leading telehealth technologies that monitor and educate, with a transformed clinical model that unites former factionalized care team members, eIAC brings a concentration of effort to this small number of patients that utilize the majority of your system's resources and funds.



"I would be lost without it. I'm just happy to be home with Ralph. To be able to talk to a doctor on a video, and we don't have to wait days for a doctor appointment; it's fabulous. This is the kind of care that Ralph and I have never had...I'm just thankful that we joined Banner iCare and have Philips equipment here." The McCurdys

Banner iCare/Philips IAC Patients

ambulatory care programs

Chronic Ambulatory Care

Care for ongoing chronic patients

Outcomes through behavior change

The Philips eCAC program focuses on developing self-care skills for chronic patients in the community setting. With the eCAC program, a specific care plan is recommended for each patient, which can be personalized according to the patient's condition and motivational progress. Providers can tailor the protocols to best fit the needs of their organization and the requirements of the managed patients. Each care plan allows you to set the limits on incoming vital signs, as well as for survey replies, and send educational content to help empower patients to self-care.

Transition to Ambulatory Care eTrAC

Designed to help reduce readmissions through early detection of signs and symptoms

Enables care team to intervene early

The Philips eTrAC program is designed to reduce readmissions and costs by enabling clinicians and patients to stay closely connected. It combines clinical software for effective chronic care management with in-home patient monitoring devices. Clinicians can remotely monitor patients in the home and prioritize them for intervention.

Remote patient monitoring:

- Significantly reduces the risk of death and hospitalization^{4,5}
- Leads to better clinical outcomes and reduced longterm healthcare costs due to fewer hospitalizations⁶
- Increases quality-of-life and patient satisfaction through daily monitoring⁷



Tackling complex cases with telehealth

"The top 5% of patients in any system use a lot of resources. Philips and Banner are partnering to take care of the sickest of the ambulatory patients. It's really an amazing model of care that doesn't exist anywhere else." Edward Perrin, MD Banner iCare™ "Telehealth is critically important to serve this large rural geographic area and provide access to home care and hospice. We know having the telehealth nurse work daily with high-risk patients enables us to reduce the frequency of trips to the home."

Lisa Harvey-McPherson, RN

Vice President of Continuum of Care, Eastern Maine Health System



To learn more about how **Philips Hospital to Home** programs can help transform your organization, go to **hospitaltohome.philips.com** or call **(866) 554-4776**.

- Lilly CM, et al. A Multi-Center Study of ICU Telemedicine Reengineering of Adult Critical Care. CHEST. 2013; doi: 10.1378/chest.13-1973
- 2. Jenkins CL, et al. Positive Deviance: Introducing eICU Technology to the Medical Surgical Patient Population. Banner Health. Nov. 2010.
- Schwamm LH, et al. Recommendations for the Implementation of Telemedicine Within Stroke Systems of Care. A Policy Statement From the American Heart Association. Stroke. 2009;40:2635–60.
- 4. Klersy C. et al. A Meta-Analysis of Remote Monitoring of Heart Failure Patients. J Am Coll Cardiol. 2009 Oct 27;54(18):1683-94.
- 5. Inglis SC. Structured Telephone Support or Telemonitoring Programmes for Patients with Chronic Heart Failure (Review). *The Cochrane Library*. 2010;(8).
- 6. Seto E. Cost Comparison Between Telemonitoring and Usual Care of Heart Failure: A Systematic Review. *Telemedicine and e-Health*. 2008 Sep;14(7):679-686.
- 7. Polisena J et al. Home telemonitoring for congestive heart failure: a systematic review and metaanalysis. J Telemed Telecare. 2010;16(2):68-76.



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