

 FAIRMONT STATE UNIVERSITY™ School of Business	Final Project Information
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HCMG 3331: Health Information Exchange

Learning Objectives:

1. Describe/define attributes of a successful strategy
2. Synthesize an operational plan of portable health information
3. Recognize importance of sustainability based on value driven results
4. Describe/discuss security/technical implications
5. Describe roles and responsibilities
6. Create PowerPoint presentation

Assignment: (Two Parts)

You are to design a strategic plan for a hospital with a primary goal of creating an effective system of seamless patient care services from admission to discharge through health information technology. This will include a written plan and a poster, or synopsis of the project.

Part 1: General Scenario for your written paper

You are a member of a team tasked with developing a Health Information plan for Unicare Health System (UHS), a not for profit system operating a 350 licensed bed facility with strong regional (multi-county) presence in maternal-child health, cardiac care, orthopedics, behavioral health, surgical and cancer treatment. The UHS medical services are fairly comprehensive in terms of technology, treatment and providers. Specialized services (advanced care for major trauma, burns, neonatal, etc.) are generally referred to the closest tertiary hospital about 150 miles away. UHS is financially healthy, but profits have decreased slightly which could be a trend. The hospital established numerous primary care, specialty and urgent care clinics located throughout the 8 county service area. These practices have capacity for more patient encounters. This organization has traditionally relied on its reputation but has not always effectively communicated new developments to its clients (patients, families, physicians, referral facilities and post-acute providers).

The hospital engaged a consulting firm to complete an in-depth assessment of financial and market position. After a four-month operational assessment, the consultants reported to the hospital leadership and governing body that although services were considered 'about average' or 'good' by older constituents as indicated by results of a community market share study, the hospital's image or lack of branding was an issue, primarily with recognition by younger, insured populations. For those < 55 years old, there was lack of awareness of the hospital's clinics and telemedicine as an outpatient resource. The hospital is implementing an expanded telehealth-virtual care program called "Your Healthcare@Home" that has the potential of putting a virtual physician or nurse right into the homes of patients for monitoring, real-time diagnoses and treatment adjustments to complement inpatient or outpatient care through UHS's systems. For example, discharged patients would have 'face-to-face' time via the hospital's information portal for follow up to discharge as a convenience (and a way to prevent re-admission within 30 days). The technology has the ability to aid physicians manage chronic conditions as well as assessing urgent conditions with appointments made immediately at the

most appropriate location (e.g., the underutilized outpatient clinics). This system would be tablet accessible to enrolled or registered customers having home monitoring equipment, and others (non-monitored users) through access using cell phone apps or tablets. The business plan for this indicated a significant financial benefit, but it will take a focused approach on community education, enrollment and promotion.

The hospital invested significant funds over the past several years in health information technology and electronic health records (EHR). Patient portals can link users into results reporting, appointments, communications with physicians, etc. While this is extremely user-friendly, the hospital has not promoted this as a resource to patients and families to become users of inpatient as well as outpatient programs.

In addition, the EHR system can extend to community physicians for access to information on hospitalized patients. The target group here is the community physician who does not have hospital privileges (in other words, his or her patient is admitted but the physician does not provide care). Access will also be available for diagnostic reports (labs, x-rays, OR reports/special procedure reports, etc.) related to that patient or to order tests and treatments from the physician office for the convenience of the patient. Physicians with access will be able to query other records from prior hospitalizations if needed. UHS will need to expand the use of appropriate business associate agreements and security permissions for patient and provider access in this instance. The EHR platform also extends to participating post-acute facilities (skilled nursing, rehab, LTACH, home health etc.) via a typical portal for access to key information for the discharge planning. Those facilities (also considered business associates by formal agreement) can access initial admission data, a discharge summary, a medication reconciliation at discharge, any discharge instructions, and other pertinent information (patient demographics, etc.) for patients discharged to them from the hospital.

The consultants found that this electronic record capability is a key advantage that has not been effectively marketed to referral facilities or even non-admitting physicians as a care coordination advantage. Decreasing the rate of hospital readmissions has been targeted as a high priority by the hospital as the US government passed legislation (under the Affordable Care Act's Hospital Readmission and Reduction Program [HRRP]) applying financial penalties for excessive readmissions of Medicare patients. Thus using the system for care coordination is a priority. For the general community, the consultants reported that the hospital's web page is not easily navigated based on feedback obtained on hospital marketing efforts. Other feedback was that the community was not aware of the various services offered such as community programs (prevention, childbirth education, smoking cessation support groups, etc.). Based on the consultants' findings, the hospital's leadership team appointed you (as a team member) to design a strategy for use of social media, hospital web-based services and their own patient portal to improve community access (and user loyalty) within the service area.

The nearest competitor does not have a social media policy or does not use the capabilities of patient portals but the demographics of the area show that the market is growing with a number of younger families, often seeking urgent care and maternal child health. However, the hospital is losing market share with the younger populations, Millennials, etc. Older populations tend to see the hospital as a provider of choice because of location and services close to home. UHS has excellent quality outcomes but mostly keeps these internally reported to the board and medical staff. Since this hospital has been around for nearly 80 years, the past conventional wisdom is 'we built it so they will come' or 'they know we are here; we don't have to advertise.' The consultant provided data that indicate key services are eroding because younger families/Millennials are responding to social media elsewhere and forming opinions of where to go for the best services. There is also growing competition from healthcare networks expanding regionally in areas of the state. They plan to spend a lot of money in broadcast advertising and branding. You/your group members have been directed to make recommendations to the senior leadership in a strategic marketing plan (and subsequently) the board of directors for approval. Your group will prepare their written report and present their recommendations.

Part 1 Steps to the project:

- 1) Familiarize yourself with this assignment and devise a strategy. This scenario is a guide—decide what you want to address as the most important first, etc. You have creative freedom and you should operate on the premise that you are not limited on a budget as long as it is realistic and

- Your will write this up as a plan (written)** that will have no less than 6 pages of narrative excluding title page and references. (APA style is required since a formal plan would have references and citations as appropriate). See layout example.

Title Name Date	RUNNING HEAD2 Introduction and Position	Market Segments
	Organizational Needs	Electronic Health Records Strategies
RUNNING HEAD4 Privacy and Protection of Information	RUNNING HEAD5 Use of Social Media and Patient Portals	RUNNING HEAD6

Part 2: Your Presentation

I've included an example template in the course content but please be creative and design your own. Here is an excerpt... not totally jazzy or pizzazzy but an example. Again, you are designing the strategy... dazzle the leadership team with your brilliance and creativity. See Week 10 folder for a template you can adapt. There is a shortened version of it on the next page. Don't just copy this exactly—it's just a guide. You can format it in any way you see fit (e.g. backgrounds, images, etc.).

Make it jazzy—after all, this is a ‘marketing’ presentation!



