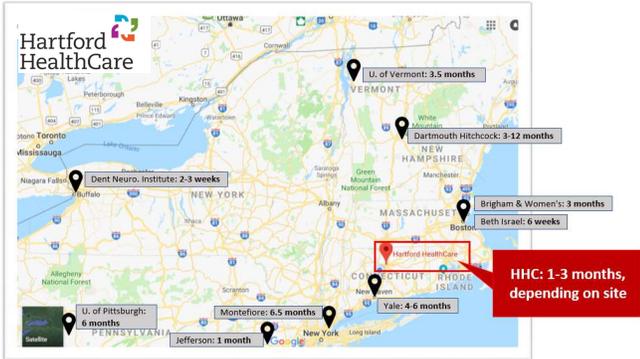


Telemedicine at Hartford HealthCare will enable more patients to connect to healthier

How can telemedicine be used to improve access (as measured by new patient appointment wait time) at Hartford HealthCare's Headache Center?

New patient wait time is high & while in-line with others, it can be better



Chronic headache and migraine impacts 1 out of 6 Americans. The Headache Center is nationally recognized for providing comprehensive care, generating strong regional demand.

We examined four ways that telemedicine could be used to shorten new patient wait times

- Level Loading**
 Can HHC shift volume from high traffic to low traffic sites?
- Scheduling Optimization**
 Can HHC unlock more capacity with tele-visits?
- No Shows**
 Can telemedicine interventions prevent same-day cancellations?
- E-Consults**
 Can provider-to-provider consultations improve patient mix?

Literature Review • 20+ interviews • Data Analysis

4 recommendations for the Headache Center

- Expand & Simplify Patient Eligibility**
 Drive volume of telemedicine appointments to accelerate adoption.
- Interchangeable Visit Modalities**
 Build flexibility into scheduling as opposed to rigid appointment blocks.
- Streamline Telemedicine Visits**
 Evaluate virtual rooming process & give time back to providers.
- 2-Way E-Consult Communication**
 Enable review of patient suitability for HC, referring the right type of demand.

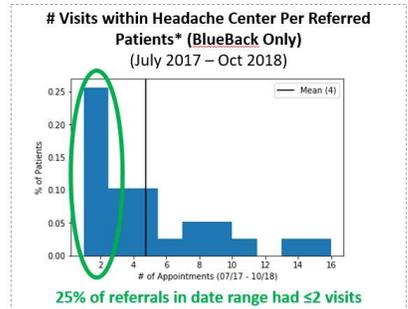
A deeper dive into e-consults – asynchronous communication between providers

Research suggests that e-consults can improve patient access in two ways

- Decreasing Patient Wait Time**
 [by 22 - 29%]
 Increasing capacity for appropriate demand... and reducing wait time by lowering referral volume.
- Increasing Referral Follow Through**
 [by 12 - 30%]
 Simplifying referral & consultation process, improving continuity of care and patient retention.

Preliminary data suggest opportunity to improve patient suitability

Many referred patients have ≤2 visits after becoming Headache Center patients



Barriers to e-consult rollout that must be considered...

- Culture**
 - Motivation / Incentive for physicians to take part?
 - Community
 - Mindset: "our" patient, not "my" patient
- Financial**
 - Reimbursement unclear
 - Makes sense for value-based care
 - Additional cost of higher complexity patients?
- Clinical**
 - Can patients be managed at PCP level?
 - Risks & liability
- Operational**
 - Workflows, training, support for each clinic
 - System-wide integration required
 - Referral source coverage

...But alignment among stakeholders demonstrates clear value & reinforces HHC's goal of #123: being No. 1 in customer service in the region by 2023

Clinic	Operations	Business
Patient <input type="checkbox"/> Improved access <input type="checkbox"/> Enabling continuity of care	Headache Center <input type="checkbox"/> Increasing capacity for appropriate patient demand	HHC System <input type="checkbox"/> Improving patient retention
<input type="checkbox"/> Time savings <input type="checkbox"/> Coordinated care <input type="checkbox"/> Cost savings: • Lower co-pay • Fewer visits • Decrease Rx spend	<input type="checkbox"/> Ability to serve demand for right level of patient complexity	<input type="checkbox"/> Increased contribution margin <input type="checkbox"/> Optimized physician time & capacity utilization <input type="checkbox"/> Increased referral follow-through <input type="checkbox"/> Improved provider satisfaction

