

MOVING FROM POINT SOLUTIONS TO A VIRTUAL CARE ECOSYSTEM

BUILDING VERSATILE DIGITAL HEALTH CAPABILITIES

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PRESENTER BIOS



Laura Christopherson, Ed.D., M.B.A. MANANGER – CARE DELIVERY

With over 22 years in healthcare, Laura has a breadth and depth of experience leading teams to deploy and drive adoption of various digital health solutions to transform care delivery. She has expertise in developing and scaling virtual care programs, including Remote Patient Monitoring and Digital Care Plans. She excels at integrating best practices and data-driven decision making across teams to ensure operational excellence and improve outcomes. Laura is passionate about mentoring others to transform virtual care. She is Chair of Student Affairs for the MN HIMSS Chapter Board and holds a Doctorate in Education Leadership from Hamline University, and an M.B.A. from Augsburg College.



Lukas Manka M.B.A. SENIOR DIRECTOR – CARE DELIVERY

Lukas is a digital healthcare leader with 18+ years of experience in product strategy and virtual care innovation As Sr Director of Product Management at Mayo Clinic's Center for Digital Health, he has led teams pioneering solutions in Home Hospital, Remote Monitoring, and Digital Care Plans, improving nurse-to-patient ratios by 80%. He also spearheaded a groundbreaking cardiovascular research app, leading to publication in Nature Medicine. Previously, Lukas drove digital health innovation at Johns Hopkins, worked in aircraft engine technology at GE Aviation, and founded a digital engagement startup. He holds an MBA from Johns Hopkins and is passionate about transforming patient care through technology.

Mayo Clinic

Mayo Clinic is a not-for-profit organization committed to clinical practice, education, and research serving over 1.4 million patients per year from all 50 states and 139 countries.

#1 Ranked

U.S. News and Newsweek

Hospitals (DMC, MCHS)

1,971
Hospital at home

admissions

e-ICU beds

Destination Medical Center | Midwest Health System

Clinics (DMC, MCHS)

♣ 15 Remote patient

monitoring (RPM)

Virtual nursing beds

7,300 Physicians

26

Interactive care plans

<mark>⇔1.4M+</mark>

Patients

DIGITAL FOOTPRINT:

OUTPATIENT:



85% Departments with Mobile Appointment Check-In



641 Kiosks & Check-In Tablets deployed across 210 desks



229 Specialties offer Video Visits (to Home)



92 Outpatient Video Onsite services available across **65** sites

INPATIENT:



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14 Acute Video services available across **41** sites

36 Inpatient Video service available across **20** sites



106 Infant Viewing Cameras deployed across **4** sites



1863 Bedside tablets deployed across **146** units

TRANSITIONAL CARE:



18 Advanced Care at Home use cases at **3** sites



14 Remote Monitoring Programs available across **10** specialties



22

Interactive Care Plans available across **11** specialties

VIRTUAL CARE AND PATIENT ENGAGEMENT ACROSS THE CONTINUUM SOLUTIONS ACROSS THE ACUITY SPECTRUM



VIRTUAL CARE CONTINUUM NEEDS ACROSS THE SPECTRUM



REMOTE PATIENT MONITORING

REMOTE DIAGNOSTICS

DIGITAL CARE PLANS

VIRTUAL CARE CONTINUUM

VALUE OPPORTUNITIES ACROSS THE SPECTRUM

Wellness/Health Maintenance	Self Directed	Episodic Care	Chronic	Restorative	Post Acute	Acute
 Maintenance Reduce Staff Burden Increase Staff Capacity Increase Condition Control Increase Symptom Identification Increase Patient Self-Efficacy Increase Clinical Goals Met Reduce Patient-Responsible Costs 		Episodic CareChronicRestorative• Reduce Hospital Admissions• Reduce ICU Admissions• Reduce ED Visits• Improve Bed Capacity(and Associated NOI)• Reduce Unremimbursable Care• Increase Patient and Staff Satisfaction• Reduce Staff Burden• Increase Staff Capacity• Reduce Total Cost of Care• Increase Symptom Identification• Increase Patient Self-Efficacy• Increase Clinical Goals Met• Reduce Patient-Responsible Costs		 Improve Bed Ca Reduce non-ren Increase Patient Satisfaction Reduce Staff Bu Reduce Total Co Reduce Patient- 	apacity himbursable Care and Staff orden ost of Care Responsible Cos	
					Α	СН
	RPM (Co	omplex Care and	I Interactive C	Care Plans)		
		Remo	te Diagnostic	:S		

Facilitated Self-Care Solutions

CURRENT STATE OF VIRTUAL CARE

There is an abundance of point solutions, causing fragmentation across the care continuum

- $_{\odot}\,$ this causes frustration and burnout for care teams
 - they must learn multiple tools, conduct their work across multiple systems, platforms, solutions)
- creates a disjointed patient experience
 - They interact with multiple apps and devices
- $_{\odot}\,$ leads to inefficient operations
 - each solution needs a separate support infrastructure
- $_{\odot}\,$ is a barrier to scalability
 - solutions cannot be used across clinical settings (transitional care gaps)
- makes it difficult to compare costs and outcomes across solutions to guide decision making and future investment

This is not a sustainable approach

WHAT CHALLENGES DO WE FACE?

Demand

Demand will continue to grow, with increased growth in serious and complete patients

Access and Capacity

Our capacity will be stretched as demand increases and challenges with accessing care will be seen

Staffing

Care team burnout will increase and provider and allied health staff shortages will continue

HOW WE WILL SCALE

Current Approach

Unique	Unique	Experience	Unique	Unique
Capability	Capability		Capability	Capability
Unique	Unique	Experience	Unique	Unique
Capability	Capability		Capability	Capability

Delivering targeted experiences that require significant initial investment to create and ongoing unique investment to maintain.

Implementation of unique capabilities attached to each experience, often only slightly different than existing capabilities, requiring ongoing operational investment.

Future Approach



Building on an existing experience platform to create seamless experiences that can be launched with lower investment and benefit from shared maintenance cost.

Implementation of unique capabilities where significant value is driven by variation and partnering to leverage economies of scale of shared capabilities.

Moving to Composable and Extensible Digital Capabilities



CARE DELIVERY

	Delivering capabilities for communication, monitoring, and home care delivery, while ensuring smooth transitions from hospital to home. By supporting innovative clinical programs, we enable bringing healthcare to patients where they are, reducing the need for hospital visits and improving their care experience.					
Care Delivery		Connections & Communication Planned and ad-hoc audio, video, and message-based patient connections with care/study teams, including the capture of assessments and consents.				
	Connect & Engage	Education, Information & Instruction Manage and deliver content, including multimedia, that helps patients and participants know how to engage in their care and that creates educational experiences that support their need to understand their health, care, and research participation.				
		CV Innovation & Research Application A dynamic incubator for rapidly developing and launching innovative features and capabilities. This app enables quick learning on usability and scalability, tailored to meet the needs of cardiovascular (CV) innovators. Its composable architecture allows features to be modular, easily integrated into broader care delivery and research systems.				
		Patient Data Collection Collection of quantitative and qualitative patient/participant data including biometric, biospecimen, survey & questionnaire responses, and ambient signals via patient-facing platforms interfacing to modern enterprise data repositories using a standard data model.				
	Collect & Monitor	Triage / Next Step Recommendation Easily configurable decision trees, algorithms, and logic to analyze patient data sets and records, producing tailored recommendations for the next best step in care planning, including patient-facing education, instructions, care team connections, orders, and schedulable activities.				
		Distributed Care Delivery Application Patient-facing app, to deliver key features and capabilities for virtual patient care, including Care Hotel, RPM, ACH, and CCBW. * Patient facing app will be retired and capabilities will be integrated into Patient Portal when appropriate.				
	Logistics	Distributed Care Scheduling Transformation of internal orders and next-best-step recommendations into actionable, scheduled activities for patient care. This includes coordinating the delivery of goods and managing schedules and sequencing of in-home services provided by both licensed and unlicensed professionals.				
	Logiotico	Delivery of Goods & Services Timely delivery of goods and services to the patient's home using various methods shipment and in-home care delivery methods				

WHAT WILL WE NEED TO BE SUCCESSFUL?

Innovate with intention

• Start with a core set of capabilities, expand use cases, iterate, scale

•Determine where you should partner vs. build

Leverage partnerships to fill gaps in internal expertise
 Prioritize partnerships that increase speed to value delivered
 Build internally where internal expertise is category of one

Develop and execute an effective change management strategy Know your why, develop a compelling story to reach stakeholders

 Build an effective deployment strategy, aligning to internal governance structures and approving bodies to drive prioritization

QUESTIONS