Mercy Virtual Care Center

Background

Mercy, a large Catholic health care system, includes 46 acute care and specialty hospitals and more than 700 physician practices and outpatient facilities in Arkansas, Kansas, Missouri and Oklahoma. Mercy also provides primary care, behavioral health and domestic violence services to low-income residents in Louisiana, Mississippi and Texas.

Mercy began its telehealth initiatives with an eICU program in 2006. In 2015, the health system opened a four-story, $54 million virtual care center with 330 employees. This facility includes an eICU, which connects with 30 ICUs in seven states, and telestroke, radiology and pathology services. Additionally, primary care and home health, care management, on-call nursing and e-pharmacy are housed in the center to provide support services. The center is also designed to be a training venue for new staff and a research incubator for new care models.

Interventions

Mercy's telehealth initiatives grew out of necessity. Its eICU program began in 2006 to improve the outcomes of patients in intensive care units. The health care system found that by having dedicated intensivists and other specialists available to 10 hospitals in four states, patients were spending less time in the ICU. Like other health care providers, Mercy is confronted with current challenges—an increasing number of older patients with more chronic conditions and a decreasing number of physicians, nurses and other caregivers. Out of such necessity comes innovation or, as the leaders at Mercy say, the virtual care center.

Randy Moore, M.D., president, Mercy Virtual, sees the virtual care center as a way for Mercy to fulfill its mission: compassionate care and exceptional service. The way that health care is currently delivered and the role that the hospital plays must change to meet consumer demand for value-based care and the Triple Aim, Moore says.

Results

- Patient-centered care. The virtual care center will improve the patient experience by taking the care to the patient, instead of the patient going to the care, which decentralizes care. Is is more convenient for patients, and the health system is able to offer patients the right care when they need it, Moore says.

- Lower overall costs. Costs are reduced by providing the right level of care at the right time. Patients receive fewer resource-intensive interventions and have better outcomes. Additionally, physicians, especially specialists, do not have to travel to remote locations to treat patients, which saves time, frustration, and travel costs.

- Earlier interventions. Rather than one intensive solution, Mercy's telehealth program is able to reach patients sooner, preempting the need for dramatic interventions. Moore says this reduces patient length of stay and mortality rates. For example, most patients with heart failure have symptoms for hours or days before they appear at the hospital. The earlier an intervention, the better the patient's outcome. Proactive monitoring of these patients will flag any condition

deterioration so the patients can be “tuned up” rather than experience a major exasperation of their illness. Such monitoring can prevent a five-day hospitalization, Moore says. In five years, heart failure will be a totally ambulatory condition because of this technology, he predicts.

- Solution to recruitment and retention. According to Moore, recruiting physicians to rural locations is nearly impossible, especially recruiting intensivists and pulmonary specialists. The virtual care center allows physicians to reside in metropolitan or less remote locations, increase their patient base and have access to cutting-edge technology. Nurses, especially newly trained nurses, are able to connect with more experienced nurses, sharpening their skills. Furthermore, since the telehealth programs are staffed by multidisciplinary teams, each member of the team has something to contribute—neither more nor less important than other team members—which can lead to increased respect and increased retention rates.

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