

# Gearing Up for Change in Rural Healthcare



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# The Healthcare Story



## OLD Story:

If you build it they will come...

- Hospitals are rallying points for communities
- Not on tourist trail
- Continue to compete for patients and therefore revenue and survivability
- Bricks led to new patients



# The Healthcare Story



## NEW Story:

What have you done for me lately...

- Payers are seeking cost justification information
- Patients are seeking access to THEIR information
- Patients are seeking validation:
  - Care is within normal cost range
  - Competency of the provider can be identified
- Patients are seeking point of care information



# Resolution: Health Information Technology



Technology is a “late comer” to  
Healthcare

- Banking
- Farming
- Industry
- Education
- Automobile
- Cell Phones
- Pets
- Shopping/Retail
- Dining
- Social Networking
- Research
- Navigation
- Advertising
- Theater
- Law Enforcement
- Sports
- And More!



# An Ode to HITECH



You Tube Video:

**HITECH: An Interoperetta in Three Acts**

<http://www.youtube.com/watch?v=Gv1s8fM3mMk>

# Creating Harmony: Data as the Norm



- He who holds data will hold the patient
- Patients expect their treating doctor to have:
  - ✦ Record of past lab results
  - ✦ Listing of their medications
  - ✦ Listing of their chronic conditions
  - ✦ Record of when they were last seen including ER visits
  - ✦ Knowledge of all that has occurred regarding his or her care

# Future of Healthcare: Coordinated Care



- Healthcare reform requires reexamining how we interact with patients
- We need a holistic and comprehensive system
  - Information available at the point of care
    - ✦ Cleveland Clinic
    - ✦ Mayo Clinic
  - Electronic health information exchange with public health agencies
  - High levels of service—integration and interoperability

# Healthcare Gone Global



How much does an MRI cost?

- A. \$750.00
- B. \$850.00
- C. \$3000.00
- D. Depends on where you go





# The Forecast for Retail Healthcare



In 2006 approximately 300 retail clinics existed in the US. By 2008 that number was 1200 and growing.

- Minute Clinic (CVS)..... 500+ by 2010
- Take Care (Walgreens)..... 1400 by 2010
- RediClinic (Walmart, Walgreens)..... 500 by 2010
- SmartCare (Kerr, Walmart, Kroger)... 1050 by 2012

# High End Care: Go To India



- An estimated 6 million Americans will travel abroad in 2010.
- 39% of consumers say they would consider going overseas if they could save 50% or more on costs and be assured that the quality was equal to or better than U.S. care (Deloitte, 2008).
- Only 12.5% of US hospital leaders believe global medical travel will have a negative impact on their business (Health Leaders Survey, 2009).

# U.S. Health Plans: Global Hospitals



BCBS North  
Carolina

- **Singapore** Hospitals

BCBS South  
Carolina

- After visiting **Thailand's** Bumrungrad Hospital, began "Companion Global Healthcare"
- Contracts with manufacturers competing globally

Wellpoint  
(BCBS)

- Pilot to include **India** Hospitals

Aetna

- Pilot partnership with **Singapore** Hospitals
- Procedures > \$20K

United Health  
Group

- Working on including global hospitals

# This is Not “Hut Healthcare”



## India

- 450,000 in 2007
- Cost 20% of the U.S.
- 10 Joint Commission accredited

## Thailand

- 1,200,000 in 2006
- Cost 30% of the U.S.
- 4 Joint Commission accredited

## Malaysia

- 300,000 in 2006
- Cost 25% of the U.S.
- 1 Joint Commission accredited

## Brazil

- Cost 40-50% of the U.S.
- 12 Joint Commission accredited

## Singapore

- 410,000 in 2006
- Cost 35% of the U.S.
- 13 Joint Commission accredited

# India Hospitals



## Apollo Hospital

- 1000 beds
- Performed over 27,000 open heart surgeries with 99.6% success rate
- Performed multi-organ, liver, and cord blood transplants

## AIIMS Hospital

- 1000 beds with attached medical college
- 900,000 sq ft on 80 acres of land
- 750 inpatients daily
- 22 modern ORs
- 135 fully equipped ICU beds
- **Fully Computerized Networked EMR/HIS**
- Fully digital radiology
- 24/7 telemedicine
- Over 17,000 operations annually

# Rural Healthcare Needs To Be On Board



- The cost of sitting out will only burden the future of rural healthcare
- New payment models
  - Bundled payments
  - Pay for performance
  - Quality indicators
- Patients will choose with their feet—They will bring business to the organizations that create the quality and information they desire

# What is Rural Healthcare to Do?



- Captain the ship
- Determine the course of action
  - Competing in the world of healthcare data
  - Example: Minnesota
    - ✦ Tertiary hospitals are offering their IT solutions to smaller hospitals for a nominal licensing fee
    - ✦ Once the data becomes part of the larger information system = medical home for the patient
- Competition is now called Healthcare IT



# For those who haven't chosen a software system...



- Moving to an EHR is not a sprint but a marathon
- Questions to consider:
  - What are you trying to accomplish and WHY?
  - Who is being affected?
  - What are your current processes?  
(Technology will not make bad processes better!)
  - This is culture change—Where are your medical staff at both in knowledge and culture?
  - What does the tertiary hospital run?





# For those already on the technology path...



- **The Morning After Syndrome:**
  - Auditing the utilization of the system
  - Ongoing training
  - Continued updates
  - Maximizing the system
  - Personnel replacement plan



# Thank You!



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